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# THE HOMŒOPATHIC HERALD



Samuel Hahnemann

I. III.

March, 1940.

No. 1.

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March, 1940.

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# THE HOMŒOPATHIC HERALD.

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Vol. III.

MARCH, 1940.

No. 1.

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## Editorial

### THE PERSONNEL.

If at any time the State Medical Faculty of Homœopathy materialise, the first concern of the Homœopathic medical practitioners will be the relative Medical Council and its *personnel*. There is positive indication of dissatisfaction amongst the enormous multitude of practising homœopathists in the province of Bengal over the composition of the Advisory Committee since disbanded, as the very large majority of them in the mufussil were left unrepresented in the Committee ; also, because the activities and recommendations of the said advisory committee were done *en camera* and have not, even to this day, seen the light. Perhaps, the Hon'ble Minister was then pressed for time ; and in his eagerness to expedite matters he could not afford to invite the profession *en block* to send their duly elected representatives to serve on the advisory committee. Calcutta was taken as the measure for All-Bengal opinion, without any misgiving for

disguised intrigue so common in Homœopathic trade rivalry. We trust the Advisory Committee's deliberations and recommendations no longer need privacy and protection of the secretariate and may now be released for general information. It will certainly be useful and helpful to the practitioners for accepting, or rejecting, candidates for election to the Council of State Medical Faculty of Homœopathy, without committing, or repeating, any egregious error of judgement.

It may perhaps be necessary for the Hon'ble Minister to appoint a *sub protem* Council to initiate and implement the Faculty. His experiences will guard him against any improvident move or lenity with any unrestricted passion for unmerited elevation.



Dr. Mahendra Lal Sircar, M. D., D. L., C. I. E.

The death anniversary of this greatest Indian savant of Homœopathy was celebrated on February 23, 1940, at the Indian Association for the Cultivation of Science, under the presidency of Dr. N. M. Choudhuri, M. D. May the life of Dr. Sircar be always the inspiration and ideal of the Indian Homœopathists for all time.

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## A FEW NOTES OUT OF MY CASE BOOK.

(N. M. Jaisoorya, M.D., Hyderabad, Deccan)

These cases were all treated in hospitals allopathically over long periods, without success. They were referred to me to try out my "crazy system" (Homœopathy) on them. Here there are only we two allopaths who openly advocate Homœopathy, and half a dozen allopaths who secretly tinker with tissue remedies. So, whatever success I may have had with these cases, proves that even we allopaths can do more good than we do at present, if we take an intelligent interest in other methods of therapy. My methods may be peculiar ; but that is due to my insufficient knowledge of Homœopathy and my inability to shake off completely the twenty years of allopathic hospital training I recieved.

1. J. M. S., age 52., came with severe dyspnœa. 16. 3. 39—Had to rest every five steps and breathe heavily. Was many years compositor in Railway Press ; now proof reader. Previously several bouts of diarrhœa ( no blood). Treated in hospital. Diarrhoea stopped and bleeding piles developed. Suppressed by Ayurvedic treatment. All this—seven years ago. Rheumatism developed and treated with Gardan (Bayer). Rheumatism disappeared like magic. 14 days later, feeling of uneasiness in the cardiac region. Civil Surgeon gently hinted... "Heart was weak". 9 Emetine injections ( why ? ).

No relief. Another course of Emetine ! (Again why ? ) Dyspnœa increased. Was given long leave as "heart patient". Admitted into hospital several times. Came to me 5 years after beginning of heart trouble on 16. 3. 39.

Dyspnœa mornings on washing the face, gets anxious, as if he would faint, breaks into sweat, wakes up from sleep with a start as if suffocated, must sit with legs crossed and body thrown forward and draw in large quantities of fresh air. During attacks, does not know how he is going to get another breath. Appetite, but easily surfeited ; feels he must vomit if he eats more.

*Clinical.* Teeth, pyorrhœa, gingivitis, (lead and mercury poisoning; former, vocational as compositor; latter, a gift from Ayurveda on the decline). Heavily pitted smallpox scars all over body. Heavily built, short squat, flabby.

*Heart.* Hypertrophic dilatation to the right, apex beat  $2\frac{1}{2}$ " below and  $\frac{1}{2}$ " lateral to the normal position, Apex sound conducted to axilla, loud hissing systolic murmur, sharp clicking 2nd sound, mitral insufficiency with incomplete compensation, heavy hypertrophic dilatation to the right. Pulse 92, heart and pulse beat synchronous, full, bounding, irregularly intermittent.

*Liver,* 4 fingers below costal arch, hard regular margin, whole surface tender to pressure, gall-bladder not palpable. ( No history of Alcohol, Malaria, Dysentery or Lues, no abortions or gene-

ralised glands). *Abdomen*, soft, slightly costive with fecal lumps in the left iliac, no spleen.

ALLOPATHIC DIAGNOSIS. Rheumatic endo-and myocarditis, secondary congestive enlargement of the liver.

What worried me was the etiology of the rheumatic attack. Was it due to checked diarrhœa, suppressed hæmorrhoids, accidental wettings, dental pyorrhœa ( to which we allopaths attach such importance ) or to all of them. I asked him to come the next day since I was not clear. The next day he volunteered an important piece of information which gave me a clue. In spite of his own massive bout of smallpox, from which he recovered completely, and which to the best of our knowledge is the best proof of immunity, Govt. Service Regulations demand repeated periodic vaccinations against smallpox ! His statement is illuminating since it serves to show up the ravages of this vaccination craze that has become an official sacred institution of official medical bureaucrats that forget nothing old and refuse to learn anything new. 14 days after the last vaccination which did not catch on, he developed a rash on the body. This was treated with sulfur ointments. The rash was "cured". Exactly 14 days later he developed acute polyarticular rheumatism. Gardan ( Bayer ) was given with "magical" results. So magical that rheumatism disappeared and exactly 14 days later dyspnœa walked in ! A false diagnosis was made and two courses of Emetine made confusion worse confoun-



ded. I did not worry about other indications. A single dose Thuja 200 was given as a test. Next day he came walking to my room and said he had slept soundly all night and even on his back. Given 7 placebo powders and asked to come after 7 days, if nothing untoward happened. On the assumption of a sycotic and hydrogenoid constitution he was given Nat. Sulf 200, 3 doses on every fourth day. A month after beginning of treatment, the clinical findings were : heard clear systolic beat with a slight suggestion of presystolic murmur ( elicitable only on careful auscultation ). A reduplicated second sound. He walks a mile without dyspnœa, but slight nausea on cleaning his teeth. Liver one finger below costal margin, tender to pressure, pain at angle of Rt. Scapula. Chelidonium 6, 6 doses were given. Appetite improved and liver receded. As support, Crataegus 6., 1 drop daily was given. 45 days after beginning of treatment, I certified him fit for resuming duties as proof reader. *This is a classical case of Anaphylactic Shock or Vaccinosis.*

2. Mr. A. K., age 72. referred to me Dr. P., hospital eye specialist with a foreign qualification. 4 months of severe orbicular eczema, affecting both sides, covering eyelids, eyebrows and extending to the anterior margins of both ears. Itching severe, surface raw with slight secretion, pains like needles stiches ; patient thin, old, emaciated, very chilly, very sensitive to cold draughts and slightest gusts of cold air. All cooling things disagree, milk, cucumber, etc. Hospital skin specialist

treated him with all types of ointments, 4 months without success. Handed over to hospital ophthalmologist who refused the case as not coming within his jurisdiction. Dr. P. referred the case to me for my "crazy system of treatment". The constitutional peculiarity, the advanced age, the modalities and the type of lesion pointed to Hepar. Sulf. I advised Dr. P., to begin with one dose Hepar 200. Within 4 days, the single dose of Hepar 200 cleared the case completely. I saw him after 7 days and found not the slightest trace of his previous lesions. From force of habit, the old gentleman demanded his daily medicine. He was given weekly rations of unmedicated sugar tablets, each time varying in colour and shape, and he feels much better each time the colour and shapes of the tablets are changed. *Shows the advantage of constitutional treatment before going to particulars.\**

Mrs. B., age 30. 3 children, last child 8 months old. Since then fever and cough with large quantities of curdy white sputum, Occasional streaks of blood in sputum. Mouth raw, tongue peppery red with small naked eminences ( Moëller's glossitis type ); very sensitive, giddy, very weak since last delivery. Mother died of T. B. Hospital diagnosis T. B. (Sputum Report. "Acid fast" bacilli found in small numbers). Advised to enter hospital. Patient reluctant Clinically I found extensive damping of Rt

\*We go to '*particulars*' to differentiate and select from two or more constitutional remedies indicated in any case. ( L. D. D. )

lung, apex clear, coarse moist rales, vocal fremitus and resonance altered, left lung much less involved, apices both sides clear. Husband with a history of malignant G. C. urethritis, and G. C. arthritis, she herself with a severe, acrid leucorrhœa, burning during micturition since marriage. Was this a case of sycotic phthisis? Ever since I studied this question I began to suspect that a large percentage of cases that we allopaths have until now condemned as suspected T. B., may not have been T. B. at all, but more probably old unresolved pneumonias, sycotic or syphilitic phthisis. We allopaths know how difficult the clinical diagnosis between the tubercular and syphilitic lung can be. I put her to the test. One dose of Thuja brought on a very severe reaction. A latent G. C. arthritis broke out and subsided. Fever rose to 103., sputum profuse, patient exhausted. I did not interfere. Two weeks later, Medorrhinum M.; one month later on reperi-torising, Pulsatilla came through. 3 doses Puls. 200.. 2 hourly. Exactly 2 months later there was no more cough, no fever, no leucorrhœa. And the patient, a small frail woman, began to blossom out, and I was able to assure her that she had no T. B. A bottle of good old De John's Cod Liver Oil was given and she has gained 13 pounds in weight. I examined her lung on 23 September and found both sides as normal as one could reasonably hope for. Post menstrual smear showed a few leucocytes and secondary organisms.

*A classical case of sycotic phthisis.*

These few cases just serve to show that we allopaths will do well to widen our horizon which at present does not go beyond the tips of our noses. Some more experience, and I hope to do a little better than at present in the homœopathic treatment of cases.

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## The Homœopathic Free Dispensaries

DELHI.

### MONTHLY PROGRESS REPORT

*For the month of January, 1940.*

Dispensaries	Total Attendance
1. Central Dispensary Kucha Brij Nath.	7103
2. Village Barwala.	1266
3. Faiz Bazar.	1584
4. L. Ram Roop Dispensary Subzi Mandi.	5177
5. Karol Bagh.	2372
<b>Total...</b>	<b>17,502</b>

*Y. V. Singh,*  
*Hon. Chief Officer.*

# A brief study course in Homœopathy

ELIZABATH WRIGHT M. D.

## I

### THE MEANING OF HOMŒOPATHY

What is homœopathy ? The orderly mind has a notion one should begin with definition, and resorts first to various dictionaries. In this instance the result is unsatisfactory as the definitions are, for the most part, partial and even the positive statements often inaccurate, as in the case of Dorland's *Medical Dictionary*. As far as derivation goes the word in the Greek, means "similarity of feeling."

The four fundamentals of homœopathy, as stated by Hahnemann, in his *Organon*, may be briefly put as follows :

I. The proving of substances to be used as medicines, on the healthy.

II. The selection and administration of so-called improved medicines according to the Law of Similars.

III. The single remedy.

IV. The minimum dose.

Granting that these are the four fundamental tenets of homœopathy, as set forth by its official sponsor and founder, Hahnemann, the question of the status of homœopathy arises. Is it a system of medicine ? Is it a purely sectarian term ? Is it a therapeutic specialty ? In order to be able to answer this question of status we must get down to

simple facts and see, not only how homœopathy differs from regular medicine but what they have in common. We always like to begin with a common basis. What is the object of all conscientious physicians? We would answer, categorically: To cure the sick, to prevent others from becoming ill, to raise the standard of health in all people. How does modern medicine try to accomplish this? *First*, by finding out what normality is, through the study of anatomy, physiology, physiological chemistry, etc. *Second*, by finding out what the varieties of ill health are. Modern medicine emphasizes the fact that many disturbances of health are due to psychic or sociological causative factors. Aside from these it searches for anatomical or physiological changes in the sick person and classifies these changes, when found, under some disease nomenclature. This search is called diagnosis, and it feels that the possibility of cure depends, in large measure, on the certainty of diagnosis. The organic structural changes due to ill health which it finds before or after death, it terms pathology. It finds that many "diseases" are accompanied by some variety of bacteria which it considers to be one of the causative factors. In short, modern medicine feels that it must find out all the "facts" which fit in with its concept of disease.

To all of this the homœopath subscribes, but he feels that this is but the beginning of what he must learn about his patient. The spontaneous, characteristic things that each patient longs to tell, be they very general or minutely particular, are of

special interest to the homœopath for they individualize the case, bringing out the particular patient's reaction to the "disease" he suffers from. These salient points the busy modern doctor feels that he does not need to know, as to him they are not signposts but clutter.

At this point modern medicine is ready to try to cure the disease it has diagnosed. What laws of cure does it follow? First, the common sense principle of rectifying anything mechanically wrong and instituting appropriate hygiene, diet, etc. When it comes to the giving of actual drugs, each year fewer and fewer are taught in the medical schools and—with the exception of new proprietary substances—are found in the pharmacopœia or in common usage. Those that are given are not uniformly governed by any one law. The intent is to give them on a physiological basis, which means that they are experimented with in the laboratories in crude dosage, mainly on animals. It is more or less expected, by analogy, that what slows the heart in the frog, rabbit or dog will do so in the human. Only very occasionally, recently, are pharmacological experiments done on relatively healthy humans. In addition to the laboratory data on animals, many remedies are tried out empirically on patients and pass into general usage in accordance with their success. Some few forms of modern therapy are aimed at the individual as a whole taken as a type, for instance, endocrine therapy, but the majority of modern drugs are given for a definite physiological effect on some one organ or function of the body.

and so given irrespective of the varying individualities of the patient who may have that organ or function disordered, as for instance, cholagogues, digitalis, diuretics, etc., etc. A large part of modern therapy is not even aimed at physiological alteration (the drugs being given according to the law of contraries) nor at chemical antidoting (such as in the various anodynes for headaches, neuralgias, etc.) Most of the modern drugging, in short, is aimed at individual annoying symptoms and makes no attempt to get back to the constitutional cause of the disease. The success of this type of therapy is necessarily uneven. More and more modern medicine has come to realize that a deal of it is suppressive. For instance, some asthma specialists hold that the removal of eczema with salves brings out asthma; some syphilologists hold that the checking of early syphilis by salvarsan and mercury treatment leads to a marked increase in the number of the tertiary neuro-syphilis cases; some medical men feel that heavy salicylate dosage drives rheumatism in on the heart, and that the classical quinine does not eradicate malaria, as it often returns yearly or is frequently superseded by neuralgia. It is an interesting fact for further systematic study that many cases of apparent cure prove to be those in which the drug given on a physiological or symptomatic basis was, unknown to the prescriber, a similar, in the homœopathic sense, to the case in hand.

Let it be, then, clearly understood that homœopaths need the accepted scientific training, proce-



dures of diagnosis and laboratory data, that their special technique begins at the moment of starting therapy, although they bring to this crisis of cure a broader philosophy of illness and special knowledge of each individual patient. What this philosophy behind them is, will be the subject of our next lecture. What the extra knowledge of the patient must be, and how to get it, will be the subject of a subsequent lecture.

Homœopathic therapy is based on the hypothesis, ancient as Hippocrates, that like cures like (*similia similibus curantur*). That this principle is a viridical law of nature, the persistent and enlightened practice of homœopathy can prove. It must also be demonstrable by laboratory technique, but the systematic working out of this has not as yet been done, mainly because homœopaths are so beguiled with the practical application of it that they have not given suitable attention to the laboratory end.

We have sketched modern medicine's approach and attitude and have shown up to what point homœopathy concurs. It may not be amiss to give briefly the main points of difference between the two which will be more fully developed in the rest of the course :

1. That there is a natural law of cure, like cures like.

2. That the basis of therapy is a *vital* rather than a *physiological* one, i. e., that the vital force must be stimulated to cure the patient and that only

so can he be really cured, that any other drug therapy is palliative or suppressive.

3. That the single remedy at a time is all that is needed, which follows from statement 1, because there cannot be two things most similar to another. (The single remedy has the further advantage that when one thing is given one can evaluate its action, whereas, if four are given you cannot know which helped, or in what proportion).

4. That a minimum dose is essential. This is based on the Arndt-Schultz law that small doses stimulate, medium doses paralyze and large doses kill, in other words that the action of small and very large doses of the same substance on living matter is opposite. Under this head comes in the whole potency question of which you will hear more in a later lecture and which is, by many, considered the greatest snag in homœopathy but which together with the Law of Similars is the key to the whole matter.

5. That the materia medica must, because of the Law of Similars, be composed of the results of remedy experimentation with small doses on relatively healthy humans (so-called provings).

6. That disease is not an actual entity but a name given for classification purposes to manifestations of departures from normality in individuals.

7. That individualization is essential, i. e., that no two people are exactly alike in sickness or in health, and that although even homœopaths must classify, they draw vastly finer distinctions. For example, to ordinary medicine, there is but one:

disease pneumonia ; though with several sub-typés, broncho-, labor, types I, II, III, and IV ; to homœopathy there are as many types as there are remedy symptom pictures (any drug in the homœopathic materia medica may be called for in pneumonia although one will rarely need anyone outside of thirty or forty in frequent use). Theoretically there should be as many types of pneumonia as there are people who have it, but, owing to the small number of proved remedies compared to the substances that might be proved, there can only be as many pneumonia types to date as we have remedies for. Homœopaths, in other words, classify pneumonias as *Aconite*, *Bryonia*, *Gelsemium*, *Phosphorus*, *Tartar emetic* pneumonias, etc

8. That suppression is one of the greatest dangers in medicine. This will be taken up in one of the latter lectures.

9. That chronic disease is a constitutional matter and has a philosophic bearing on prescribing which is of inestimable importance. One cannot do true homœopathy without a concept of chronic disease.

Having given the main points of contact and difference between homœopathy and regular medicine we can now return to our previous question as to the status of homœopathy. It is not a sectarian term, although even a slight study of its history will often show how it has been necessary for it to be considered one, both by its opponents and its adherents. It is a therapeutic specialty and, as such,

is more easily grasped by the modern student, but *it is much more than that*. "System of medicine" is a term which conveys little to my mind ; it sounds like somebody's text book or a treatise on one of the minor "opathies". Homœopathy is not an "opathy", it is the first part of the term, the homœo, the similarity, which we must bear in mind. It is a method of cure according to law, based, as all great things are, on a far reaching philosophy. *It is the central core of medicine, whether recognized or not, and is thoroughly compatible with the best of modern science !*

## READING LIST

*The Law of Cure* by Ridpath.

*The Patient's Dilemma* by T. M. Dishington.

*The Principles of Practice of Homœopathy* by C. E. Wheeler.

*A Symposium on Homœopathy, The Homœopathic Recorder*, Vol. XLIV, May 1929, p. 293.

*The Organon of the Art of Healing* by Samuel Hahnemann.

—The Homœopathic Recorder,  
Vol. XLV. No. 3.

—O—

## MENTAL DISEASES THEIR CAUSES AND CURES.\*

( H. S. Ghose, H. M. B. )

The laws of physical health have been disseminated in many ways for years but the question of mental health, which is just as important, has been sadly neglected. "*Mens Sana in Corpore Sano*" is an old adage but its value has seldom been realised. Every parent is anxious to see his child's health improved but how many realise that it is equally imperative to take care of its mental health, for any disease of the mind adversely affects the health.

According to psychologists most of our mental ill-health starts in the early childhood, in fact before the fifth year of life. If we could bring up every child in a normal way free from mental impediments the number of adult neurotics would become surprisingly low. Preventive measures applied to children are likely to be more fruitful in the domain of mental disease than in the case of physical troubles.

Every human being like every other animal is a product of heredity and environment. A man is born with certain special aptitude either for good or bad. Hereditary tendencies remain latent uptil they find a suitable environment for their

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\* Read at the Dunham College of Homoeopathy, Re-Union, on 10-2-40.

development. According to the conditions favourable or unfavourable a child becomes useful or useless, even a dangerous member of the society.

( 2 )

Very few people are aware of the fact that the mind has its disorders like those of the body. The sufferings of mental disease often excel the most intense form of physical pain such as that of cancer. Man's natural aim in life is happiness. Such happiness is largely an attitude of mind ; it follows that only the healthy or balanced mind can attain it.

Gita has truly said :—

रागद्वेषवियुक्तैस्तु विषयानिन्द्रियैश्चरन् ।

आत्मवश्यैर्विधेयात्मा प्रसादमधिगच्छति ॥

गीता २।६४ ।

The disciplined self, moving among objects with sense free from attraction and repulsion, mastered by the self, goeth to peace

प्रसादे सर्वदुःखानां हानिरस्योपजायते ।

प्रसन्नचेतसो ह्याशु बुद्धिं पर्यवतिष्ठते ॥

गीता २।६५

In that peace the extinction of all pains ariseth for him ; for, of him, whose heart is peaceful the *Reason* soon attaineth equilibrium.

It is one of the reasons why in old days our forefathers and sages enjoined on *Brahamacharya* so rigidly from the boyhood.

With the spread of modern civilisation and the artful and artificial ways of living, number of mental patients is growing increasingly high.

A reference to the Statistical Abstract for British India published by the Government of India will reveal that the number of patients\* admitted every year into the Mental Hospitals of India is on the increase. The Mental Hospitals mainly admit insane people for treatment. The Statistics therefore depict only a small minority of the vast section of people suffering from various mental disorders for which no statistics can possibly be maintained. One naturally asks why this is so? This is one of the many straight questions to which there is no straight answer.

The subject of mental diseases is so expansive that only a fringe of the great problems involved can be covered within the limits of this brief survey. The causes are so vague and varied that it is difficult to synthesize the symptoms within the scope of a standard formula. From what we see in our every day life, the commonest causes

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Years		No. of patients admitted
1923	...	9,845
1926	...	10,201
1929	...	11,402
1932	...	12,823
1933	...	13,323
1934	...	13,506
1936	...	13,251

appear to be an unhappy home, unhappy marriage, disappointment in love affairs and business, frustrated ambition, financial embarrassments, psychic suppression, sexual excess, excessive mental exertion or worries and similar other causes which perpetually disturb the mental equanimity,

Modern civilisation has made people luxurious and fashionable. Like a contagious disease the craving for amenities and comforts is becoming more and more apparent amongst all classes of people whether rich or poor. One might not have two meals a day for his hungry stomach, nevertheless, he does not hesitate to beg or to borrow and find money even at the expense of his honesty and pride to keep pace with the fashionable society. Consequently his mental equilibrium is disturbed by the perpetual mental conflicts between his attempts to meet the ever increasing demands and disappointments in the fulfilment of desires. This increased suppression and repression of the natural instinct in modern civilisation is one of the most important factors of the mental diseases which are so prevalent now-a-days.

Pomp and pageantry are often synonymous with vulgarity. It is, therefore, wise to remember that what is added to the luxury and comforts for the body is always at the subtraction and starvation of the mind. The maxim "Plain living and high thinking" inculcated by the sages, is the *sine-quanon* of a happy and harmonious life.

As mental diseases arise mostly from mal-adaptation to environments, a change in the outlook of



social, political and economical order of things is necessary.

The vicious environments of the city-life, the perverted ideas, half-truths and untruths about sex-life, the faulty education exert a demoralising influence on the immature mind of the young adults. It is in this period of adolescence that most boys and girls become moral wrecks and consequently suffer from various mental disorders which eventually increase the number of neurotics.

Mental disorders are also due to the inability of the patients to face facts within themselves. Realisation of facts at their true value gives us sympathy and understanding. It is to this world we must adapt ourselves and we must therefore correlate our inner-world of mind with the outer. Young men are always imaginative. In their early college days they dream of a happy and brilliant future but immediately on completion of their vocation in right earnest, they confront an unsympathetic, wicked and hopeless world diametrically opposite to their fanciful ideas. Difficulties and obstacles await them at every turn and in frantic despair driven from pillar to post in vain search of employment, they bring destruction upon their helpless life or become mentally unbalanced.

To correlate our vocation in life with our personal mental trends is an important factor and parents very often mar the prospect of their children by placing them in positions which their individuality unfits them. The natural consequence is obvious.

Besides the social, political and economical reasons, mental aberrations and insanity may arise from the following conditions :—

I. Heredity :—

- (a) Insanity
- (b) Epileptic
- (c) Alcoholism

II. Mental inability as revealed by :—

- (a) Moral deficiency
- (b) Congenital defect
- (c) Eccentricity

III. Critical periods of life :—

- (a) Puberty and adolescence
- (b) Climacteric period
- (c) Puerperal stage

IV. Excessive brain work and mental strain.

V. Indulgence in Toxic substances like Alcohol, Ganja, Cocaine, etc.

VI. Excess in venery or undue sexual suppression.

VII. Disease of the nervous system :

- (a) Lesions of Brain and Spinal cord.
- (b) Epilepsy

VIII. Shocks and sudden fright.

Since many cases of mental ill-health crop up during the adolescent period it behoves the parents now to be always in close touch with their children and guide them along the right path by friendly discourse and company.

With the awakening of mature instincts great care needs to be exercised so that in their youthful exuberance, and due to ignorance, they do not commit any act of foolishness. An intelligent father or mother should anticipate that and train their children to be frank and open with them, for suppression and repression at such an age beget a breeding ground for future mental ill-health. They should try to satisfy their natural curiosities in a proper and decent way. They should be wise enough to recognize that sexual gratification is an instinctive impulse and physiological craving require satisfaction for health, unless by cultural process the animal passions are guided to some higher channels.

They should bear in mind also that no hard and fast rule can be laid down as regards continence and each case must be judged on its individual merits. Some people remain continent without any adverse effect on their health, while others become neurotic and unhealthy under undue repression.

Mental disorder may be roughly divided into three main categories :—

- (i) Neuroses
- (ii) Psychoneuroses, and
- (iii) the Psychoses.

The actual neuroses are neurasthenia and those which are due to constant worries and anxieties.

Psychoneuroses — embraces hysteria, the compulsions, obsessional neurosis, hypochondria, Melancholia and Mania.

Phychoses — insanity, dementia, idiocy and epilepsy.

As regards treatment, the old school of treatment has nothing much to say and do. Lt. Col. Owen Berkeley Hill, I. M. S., who was associated with one of the Mental Hospitals in India, expressed his disappointment in the following lines : "Unfortunately there are no medicines for mental ill-health and very probably there never will be. Complete sympathy with and thorough understanding of the sufferers' troubles are the only instruments in the doctor's hand "

Indeed, mental disorders and symptoms had no meaning in Allopathy until after the last great war, when a large number of patients suffered from various sorts of mental disorders ; doctors found meaning in the symptoms for the first time. People were mostly under the impression that all these mental disorders are due to prepossession of the mind by evil spirit.

Not to speak of the dark by-gone days of the history, even now instances are not wanting where a poor patient suffering from mental disorders is beaten mercilessly, chained and locked in the dungeon with the idea that he is bewitched by an evil spirit which can be exorcised by all sorts of rough handling.

It is gratifying to note, however, that due to persistent efforts of doctors like Hahnemann, Pinnel and Conolly inhuman treatment of patients in Mental Hospitals has since been stopped.

Dr. Hahnemann was the first and foremost to advocate the kind and sympathetic behaviour with the mental patients. In his lesser writings he says, "I never allow any insane person to be punished by blows or other corporal punishment." To prove this Dr. Hahnemann started a Mental Hospital of his own in Georgenthal near Gotha in the year 1792 and in this institution kindness was the unvarying rule. Doctors like Norton Manning and M. Christian have corroborated the truth in their learned treatise as far back as in 1865 that kindly treatment has always improved the conditions of mental patients.

Until recently very few people thought that like physical disorders, mental disorders can also be cured and prevented. The importance of mental health was first recognised by an American, Clifford W. Beers, who spent seven years as a patient in Mental Hospital. When recovered, he revealed his experience in his book called "A mind that found itself" which stirred the imagination of American public and for the first time in the history of the continent the American Association for Mental Hygiene was founded in 1901. From the United States of America the movement spread in all directions and the most civilised countries are now endeavouring to promote the study of mental disorders with a view to their prevention and treatment.

Some expert Psychiatrists suggest that mental disorders and diseases usually require mental medicine and according to the type of cases and circum-

stances any of the various forms of psychotherapy, i. e. suggestion, autosuggestion, hypnotism, persuasion, re-education, psycho-analysis can be utilised. They admit that in the case of Psychoses the science is greatly impotent.

Though the old school experts have got no medicine for mental diseases, one need not be pessimist about the cure of such cases under Homœopathic treatment. Homœopathic Science has got ample scope for such cases, as it is the only science of all systems of treatment in which the patient is treated and not the disease. In no other system of treatment so much stress is given on the mental symptoms as under Homœopathic treatment. Symptoms expressed by the mental patients are nothing but the reflex actions of the subconscious state of mind where the suppressed and repressed feelings are harboured. Only a fragment of truth comes out in the incoherent prattlings and rambles of a mad man. It is said that only one-tenth of the healthy human mind is exposed to the outside world and the nine-tenths of it is always submerged like a chunk of ice floating on the sea.

It is more so in an unbalanced condition of the mind. Though ordinarily no importance is attached to the incoherent prattlings or ravings of a mad man, a clever psychopath discerns the link between the seemingly irrelevant ramblings and prescribes medicine according to the characteristic attitude of the mind and posture.

In his famous treatise "Organon of Medicine"• para 214, Dr. Hahnemann instructs as regards

treatment of mental patients—"The instructions, I have to give relative to the cure of mental diseases, may be confined to a very few remarks, as they are to be cured in the same way as all other diseases, viz., by a remedy which shows, by the symptoms it caused in the body and mind of a healthy individual, a power of producing a morbid state as similar as possible to the case of the disease before us and in no other way can they be cured."

Now about the practical suggestions for curing mental disease, I would like to discuss here, some medicines.

*Ignatia* and *Natrum mur.*—are very efficacious in melancholia, particularly after any shock, grief or bereavement when patients are very much depressed, moody, always brooding, sigh and sob but do not like to speak or to be spoken to.

IGNATIA: 11th. April, 1937—I was called to attend a lady, aged 23, who was in a disturbed condition of mind, so much so that she would not stay at home ; would run away on the road, would tear of her own hair, weep silently in one corner of the room, won't take food, for days together. She would go on abusing and cursing some imaginary enemy and so on. On enquiry I came to know that her young baby aged about  $2\frac{1}{2}$  years was knocked down by a motor car about a month back and lying in Sambhunath Pandit Hospital, Calcutta and since then she has been behaving like that. A dose of *Ignatia*—200 was given which lulled the symptoms for a day to •relapse again vehemently, when a dose of the same medicine in 1000 th. potency was given. She was:

much better and cheerful after that. But she became very much suspicious minded. Always suspecting people had poisoned her food, so she would not take any food. A dose of *Hyoscyamus* 200 was given. Within a week she became normal and has been keeping alright since then.

When these mental aberrations or insanity are due to reflex uterine troubles, as in puerperal mania and hysteria and the patients are extraordinarily gloomy and always borrow troubles, *Actea Racemosa* works wonder.

ACTEA RACEMOSA—is also useful in mania after business embarrassments.

When the mania takes a violent form and the patients desire to cut and tear everything, specially clothes. *Veratrum Album* helps.

TARANTULA—is also a very good medicine for destructive mania.

When the patient always thinks of committing suicide, feels that every body is against him and life is not desirable, with a syphilitic history, he are benefitted by *Aurum met.*

In *Alumina* we find patients get the idea of committing suicide whenever they find a knife or blood, easily frightened, take everything in bad part.

When the patient always talks of indecent things, exposes the body shamelessly ( Erotomania or Nymphomania ), *Hyoscyamus*, *Opium* and *Phosphorus* may be thought of according to indications.



PLUMBUM—is also a good medicine in mania of patients with history of excessive masturbation. *Apis mel* and *Baryta mur* are often indicated in sexual mania, particularly of widows.

When a patient assumes all sorts of strange attitude and positions and wants to escape or bite, goes down on knees and prays with folded hands with religious bickerings, wants light and company, *Stramonium* clears the case.

When patients give vent to undue fear, as if they have committed sin, crime and the police is dogging them, they are benefitted by *Arsenic alb.*

In another kind of mania when the patient suffers from Anthropophobia, fears and mistrusts the future, frequently screams loudly as if to call some one, suffers from hallucination that she is double, that a stranger is constantly by the side, one on left and other on the right, her husband is not her husband, her child is not hers, a few doses of *Anacardium O.* restores the patient to her senses.

Religious insanity, alternate loquacity and taciturnity, suspicious Mania, particularly during climacteric period is relieved by *Lachesis*.

*Kali Bromatum*—is another medicine, misuse of which under the old school treatment is responsible in many cases of dementia and consequently it is a first class remedy in the hands of Homoeopaths when following symptoms are prevalent :—

“Memory absolutely destroyed, cannot recognise friends nor be comforted by them. Frightful imagination at night (particularly in advanced state

of pregnancy) under impression that they have committed or about to commit some great crime and cruelty such as murdering their children or husband, think they are pursued, will be poisoned, are selected for Divine vengeance, suffer from fits of uncontrollable weeping and constant fidgety hands."

I was once invited to attend a case at 211, Rash Behari Avenue, Calcutta where a young child aged four years was lying seriously ill, as a result of over dose of Potassium Bromide administered to stop infantile convulsion. The child remained in stupor for more than three weeks, could not utter a single word even after one month of this condition, could not recognise her parents, had no craving for food, lying lifeless like a log of wood. *Kali Brom.* and *Hyoseyamus* in high potency improved the case a great deal but the child has not got back her former activities and intelligence as yet, as the mischief was too severe.

*Pulsatilla*—is a good medicine for mental derangement arising out of suppression of mens. I was able to cure with it a very bad case of insanity which resisted all other treatments.\*

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\*A young unmarried girl of Creek Lane, aged about 22, showed signs of obesity with the history of suppressed menstruation of last six months. She was very constipated and had irregular beatings of heart. Easily susceptible to cold. Gradually developed melancholia, weeping without cause, speaking to herself, miserly habits as revealed in her persistent request to friends and relatives to take only little quantity of food and wear only ragged and tattered cloths otherwise she would go on shouting

*Tuberculinum*—is also a good medicine for Insanity. It is admitted by experts that insanity is very frequently a manifestation of the consumptive taint. Burnett has cured with *Bacillinum* a case of insanity being led to give it by a ring-worm like eruption on the body.

A curious case has been made of *Tuberculinum* by Dr. Jauregg of Vienna in a case of insanity (H. W. pp.. 196).

Having observed that cases of insanity are always benefitted by an attack of an acute infections disease, especially if it is accompanied with high fever, the idea occurred to him of utilising the fever produced by Koch's Tuberculin injection. He tried it on some patients and though the decidedly favourable symptoms soon disappeared after the fever subsided, still there was a steady clearing of the confused sensorium.

and screaming, take the children to task unnecessarily repeating a sentence for hours together and the like. 15th. August, 1935, I took up the case, *Graphites* and *Lycopodium* in 1000th. potency were prescribed according to symptoms, did not do much good, when on September 28th. a dose of *Pulsatilla* 1000 was given : this re-established the menses and restored the patient to her senses. She is now quite alright

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## ANXIETY AND SEX.

[ S. C. LAHA, M. B. ]

( Continued from Vol. II., p. 580 ).

It will be out of place in this series of popular articles to trace the origin of sex-fear. Sex-taboo is an important item in society. It is so strong and wide-spread that any sex-activity, even with one's wife, is prohibited by some men. Tolstoy said that one must live with his wife as if she were a sister. Mr. Gandhi says that one must have no sex-relations with his wife or something of the same nature. Other great men have said similar things. Unfortunately most of them, when they advised this course for young man, were old and father of many children. None of them were actually abstainers and most of them were old when they advised it. Old men have not the same amount of sex-urge as young men. Normal healthy young men frequently do not pay much attention to the sayings of such old men and ascribe them to the lessening of sex-vigour and not being based on actual facts. They occasionally even ridicule them and compare them with the futility of teaching hungry tigers the glories of fasting and vegetarianism. In a general way, among most people, sex-activities are regarded as something sinful.

Religion, therefore, becomes intimately associated with sex. In fact it will probably not be an exaggeration to state that nearly half of every religion is devoted to condemning sex-activities.

Dwelling in hell is mostly an outcome of violating sex-taboo's or even indulgence in sex-activities.

A belief grows just as a tree grows. Sex-taboo's which are essential for the maintenance of social stability, begin to send out branches and cover wide grounds just as an old tree does. Only, beliefs keep on growing and do not ultimately die as the tree does. The result is that they outgrow their necessity and begin to cover vital things. Reason, observation and useful thought processes are crushed and people go about blinded and confused, believing in strange and remarkable things concerning sex. And behind everything is FEAR, rank fear, paralysing judgment and independent thinking.

Take for example some of the sex-beliefs which I have already enumerated in the last issue. Consider the first. (1) Total abstinence from sex-activities results in physical and mental vigour? There is a small percentage of unmarried men in this world. And among them a still smaller percentage who really abstain totally from sex-activities. Among this extreme minority you may, if you search, find one or two healthy and vigorous men. The majority of men, whether married or unmarried, have generally some kind of sex-life, which means that the majority of healthy, vigorous and active men that we see in everyday life, are not abstainers. Neither there is any proof that longevity is dependent on abstinence from sex-activities. I don't remember I have seen many men who have died at a ripe old age, who did not lead a normal sex-life. Jot down, if you care, on a piece of paper

the names of persons whom you know to be vigorous and healthy or of persons who lived long, and I am sure that you will find that none of them were or are total abstainers from sex-activities. There might be other glories of asceticism which I don't know, but certainly physical and mental health and a long life are not among them.

Let us come to the second belief which is universal. (2) Masturbation leads to physical breakdown, tuberculosis and insanity? It does nothing of the sort. Physical breakdown is the result of some chronic disease such as gastric ulcers, Kala-azar or Typhoid. Tuberculosis is due to unhealthy surroundings, insufficient food, want of fresh air and sunlight; and the causative organism is Tubercle bacillus—not masturbation. Insanity is a mental disease and masturbation has nothing to do with it. If masturbation lead to insanity, the world would have been filled long ago with raving maniacs and there would not be living in it a single normal man or woman, simply because at sometime or other in their lives, particularly before marriage in males, masturbation is practically universal. The belief that masturbation leads to insanity has partly originated from the fact that insanes are frequently seen masturbating in public. The public puts 2 and 2 together but unfortunately places them in wrong positions and jumps to the conclusion that it is the frequent masturbation which has caused insanity. It confuses cause and effect and forgets that the insane masturbates in public because he is insane. If he were not insane he would have masturbated

privately. Some insane men and women become naked in public. Nakedness and shamelessness are not the causes of insanity but the results of it. So is masturbation in public, which is the result of insanity and not the cause of it.

The mechanism of masturbation is simple. Normal sexual urge for a person of opposite sex appears in every man and woman at about the age of puberty. This sex-urge is a biological process and is akin to food-urge or hunger. But a boy or girl living in a civilised community has no opportunity to get a mate as soon as the urge appears. Satisfaction of sex-hunger can only be appeased through social channels, i.e. through marriage which generally occurs at a much later date, particularly so far as the males are concerned. Economic difficulties and social codes play important parts in preventing marriage at an earlier date. But unfortunately biological instincts do not follow social codes. They have their own laws and Nature does not like her laws to be flouted with impunity. If the normal channel of satisfaction is blocked by social customs, it turns to abnormal ones. Masturbation is one of them. Temporary homosexual practices, bestiality and prostitution are others.

Masturbation is naturally an incomplete form of sex satisfaction. With every sexual act there is a physical and a *mental* process, both combining to bring about complete satisfaction. The physical process consists of friction of glans penis with the wall of the vagina and the mental one is the normal hetero-sexual desire for a person of the opposite sex.

The latter is however the more important of the two. In masturbation the other sex is absent and the only available material for satisfaction is the physical one, although in a large majority of cases an attempt is made by the individual to substitute the real person by an imaginary one in the form of erotic thoughts during the act of masturbation. This, however, is only a substitute and lacks all the sensory stimulations arising from a real person in the form of vision, touch, pressure, smell, etc. which all play important parts in the act of coitus. Consequently, in the absence of proper stimulations the satisfaction can never be complete. But although incomplete, masturbation is nevertheless a form of sexual gratification.

Any biological urge, if indulged in within limits, can never bring about disaster. *If however, a reasonable limit is exceeded, harm is done.* Common sense dictates us so. Take hunger for instance. Good health is compatible with the satisfaction of hunger by simple, easily digestible food taken in moderation. Bad health is the outcome of immoderation in diet. Even little quantities of available food is better than no food at all. A semi-starved man is likely to live longer than a completely starved one.

The same is true of masturbation. Sex-urge is akin to hunger because sex-desire is also called sex-hunger. Occasional masturbation, biologically and physiologically can never lead to any harmful result.

Biologically and physiologically, yes—but not



psychologically. Here we tread on dangerous grounds, strewn with thorns and pebbles, slippery and sloping. One falls and gets wounded.

On a lonely jungle path at night you may be afraid at a slight movement in the undergrowth or among the clumps of bushes. There may be snakes, or even a tiger may be crouching somewhere in the dark. You have neither seen the snakes nor the tiger. The movement you noticed may be due to rats or squirrels moving about.

The wind sighs through gaps in the foliage. You shiver and think involuntarily that ghosts may be approaching, although you may not believe in ghosts and laugh at them in day-light among friends.

Occasionally in your dream you see the cat, the black cat staring at you ready for a spring. It springs at your throat and chokes you. You shriek and wake up in sweats.

You may even imagine yourself, in dream, about to fall into a well or into an abyss from a precipice. Somebody is pushing you. You clutch your bed and wake up with palpitation.

Or, even in your old age you may dream of examinations. You may find yourself going to sit in the examination when everybody is returning from it or even if you are not late, you find that you are appearing in a subject about which you know nothing. You will get plucked and you feel miserable and afraid.

Whereas in actual life there are no snakes, tigers, cats, ghosts, precipices and examinations. You create them.

[ To continue.

## RELATA REFERO.

In opening the Ganga Golden Jubilee Tuberculosis Hospital at Bikaner on February 2, 1940, Her Excellency Lady Linlithgow said, "First in importance must come the clinic with its own doctor and its health visitors, whose duty will be to go to the homes of the patients even in the remotest villages where tuberculosis is increasing in an alarming rate. Next in importance are the hospitals and sanitarium with experts on the disease in charge, who must see to it that they keep up-to-date in the treatment of the disease which changes more rapidly than in any other field. Thirdly, you should establish care and after-care committees, whose function it should be to look after the family of the sufferer while he is under treatment and thus to relieve his mind from anxiety which must retard his progress."

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Her Excellency further remarked, "To give you an idea of the impossibility of endeavouring to deal with tuberculosis by hospitals and sanitarium alone, I have only to quote a few figures. It is estimated by those with knowledge that five lakh deaths occur annually in India from tuberculosis and that from two to five million are suffering from an acute form of the disease."

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We have just read the Report for the year 1939 of Sri Ramkrishna Math Charitable Dispensary, Brodies Road, Mylapore, Madras ; and we are glad

to note that a Homœopathic department has been added to this Charitable Dispensary. This will decidedly effect economy and efficiency on the medical side of the Math's activities. During the year under review as many as 12,975 patients were treated in the Homœopathic department, of which 2356 were new cases and 10,619 were repeat numbers. It was at Madras that His Holiness The Swami Vivekananda proclaimed for the first time his message of 'Salvation through seva'. The sacred tradition of this Math is boldly upheld by its present president The Swami Saswatananda. "The life is short, the vanities of the world transient, but they alone live who live for others, the rest are more dead than alive." —says Swami Vivekanandaji. Let India realise these inspiring words and help this Math, each in his own humble way.

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An Ayurvedic Exhibition was opened by Sir N. N. Sircar on Saturday, February 10, at the "Jabakusum House" where rare plants and gems were exhibited. Such exhibitions are of immense value to members of the medical profession of all systems of treatment.

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The Pratap Chandra Memorial Homœopathic College and Hospital celebrated its annual prize-giving ceremony and re-union of students on Sunday, February 11, 1940.

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The Convocation of the Dunham Homœopathic Medical College and Hospital was held on Saturday.

the 10th February, 1940. The Health Officer of the Corporation of Calcutta presided over the ceremony. The Re-Union of the past and present students of the College was held here on the 10th and 11th February, when clinical demonstrations were given and scientific papers of interest were read. The most illuminating demonstrations and lecture were those of Dr. N. Shaha, M. B., D. T. M., D. P. H., one of the senior professors of this college, on leprosy at its various stages and in its various phases, illustrated by a dozen live cases collected by Dr. Shaha.

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In course of his address the Chairman of the Reception Committee of the aforesaid Re-Union observed, "Homœopathic Colleges unjustly and autocratically reject co-operation and sympathy of their own graduates by erecting sky-high wall of inferiority complex and keep them off from becoming a professor in their alma mater. If in the judgement of the college authorities their graduates are unfit to hold a chair, what then is the worth of the degrees, honour certificates and gold medals which are being awarded to them with all the ceremony of a convocation? It must then be all bunkum, intrigued to entrap credulous candidates who come to learn this art of snaring and to apply same on the more credulous simpletons amongst our rural populace. But, I am proud to observe that graduates of Homœopathic Colleges are rendering invaluable services not only in the urban and rural countryside but also in this elysian

metropolis ; and everywhere they have so positively proved the superiority of their treatment that their opponents are made to intrigue a regular crusade against Homœopathy for keeping their own heads above water. ....Failing to make a living by allopathy in these days of spine-breaking competition they become recalcitrant proselytes without having received any coaching in Homœopathy and adopt a hybrid practice ; and assuming a superiority complex behind the degree of an alien school, they come to read to you from Bœricke's pocket materia medica within the ultra-thin pages of which their entire knowledge of Homœopathy is treasured. You ask them about Hahnemann's theory and practice of Chronic Disease and they beguile you with Latin and Greek pathological terminology for deliberately diverting your attention and screening their own hopeless ignorance of Homœopathy. A teacher of Homœopathic Materia Medica, Hahnemann's Organon and Chronic Disease must place before his students in the class his own credentials of having learnt his subjects from a reputed savant of Homœopathy, else his students will be justified to walk out of his class. If you do not insist upon this qualification of an impersonated professor your after-college life will be like 'the blind man leading the blind.'

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The Chairman further observed, "Our graduates keenly feel their inaptitude in consulting a repertory in chronic cases and evaluating the symptoms. Gun-shot prescriptions basing upon a key-note

symptom are seldom curative of Chronic disease. It is therefore one of the suggestions of this Re-Union that repertorisation and evaluation of symptoms be thoroughly taught and given greater importance than the speculative subjects of pathology and bacteriology. In all cases of dysentery the subjective symptoms and the objective character of the stool afford us the sole dependable guides to our unfailing homœopathic remedies, and that the reports of the clinical laboratories and of the bacteriologist are found to be only helpful in impoverishing patients of moderate means or in satisfying the vanity of the hypnotized slave-aristocracy."

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The Bengal Allen Homœopathic Medical College held its 25th. annual convocation on Monday the 12th. February, 1940, when Mr. A.K.M. Zakaria, ex-Mayor of Calcutta, presided. This is the Jubilee Year of this College, and its authorities could have celebrated it with befitting ritual of treating the full staff of sister colleges in this city with a sumptuous dinner. No expense on such an auspicious occasion would be too big for the Bengal Allen. It is not yet too late for its observance, and for such happy functions better be late by a few days than never. We have tons of congratulations in reserve for the celebration of its Jubilee year.

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The All-India Institute of Hygeine and Public Health is said to be removing to Delhi at a near future. Its present palatial building has, therefore, to be disposed of by public auction. If all the

Homœopathic colleges make an united effort, they can have a magnificent hospital in this building and can utilize its lecture theatre then for Homœopathic Post-graduate course of training. The Central Government may condescend to sell it on easy instalment system of payment for such humanitarian objective. What a verity of Abu Hussain's dream !!

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We wonder why the Colleges of Homœopathy consider it so very important to annex the word 'medical' to the names of their institutions. Is it for any apprehension that their prospective entrants and the public would, without that charming word, take these colleges to be institutions for imparting proficiency in horsemanship or skill in aviation ? One of these colleges was started thirteen years ago with the name of "The Dunham College of Homœopathy" and has recently changed its designation to "The Dunham Homœopathic Medical College", perhaps to keep in line with others of the same feather. In Bombay, they have The Homœopathic Post-Graduate Association without the word 'medical' to embellish its name ; and nobody takes it to be an association of post-graduate acrobats or cinema-players or fiddlers. Why drive business acumen to a ludicrous plight ?

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The first session of the Calcutta Homœopathic Conference was held on Sunday, February 13, in the Industrial Exhibition pandal at Russa Road under the presidency of Dr. D. N. Banerji, M. D., L. M.. Srijut Mrinal Kanti Bose opened the Conference.

Dr. K. L. Ghose, M. Sc. M. B., Chairman of the Reception Committee, in course of his address observed : "People know it well that Homœo-medicine does good and is superior to other branches of medicine. But why then they do not use them when in need ? For want of a right man to prescribe." We, on the contrary, know that 'Homœo-medicine' is extensively used all over Bengal inspite of malignant propaganda, and this fact belies the charge of the dearth of accurate prescribers. The Chairman further remarked : "One drawback of ours is that we have no specialist amongst us." This, indeed, is an echo of intensive allopathic drilling. A homœopathist is a 'specialist' of all morbid expressions of any and all organs of his patient, or he is no Homœopathist at all. He must always treat his *whole patient*, and his **Gospel** of Homœopathy forbids him to slice his patient in pieces to be equitably exploited by 'specialists' forming a ring to abet one another.

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All dictionaries of English language must undergo an immediate revision under the ægis of the Corporation of Calcutta, for altering the implication of the word 'night-soil' ; they must now adopt the word 'day-soil' to convey the former word's lexicographical indication. If one takes his stand any morning at the gate of the Carmichael Medical College approaching the Belgatchia bridge he will see lines of the Corporation's loaded night-soil carts proceeding westward from the Belgatchia



suburb and diving into the city, as also lines of emptied night-soil carts parading the opposite way to be refilled ; this panoramic move continues till about 11 a. m. diffusing the whole atmosphere of the locality with the Corporation's key-note-fragrance. These esthetic sight and redolence-accosting the visitors to the out-patients departments seem hardly to provoke this College and Hospital. Or, perhaps they do not mean to deprive the patients of such a blissful model of sanitary city cleansing,

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## THERAPEUTIC IS A HINDERANCE

( Sachi Mohan Chaudhuri B. SC. )

Treatment of the sick depends on the characteristic symptoms of individuality, not on the name of the disease. But the therapeutics are written according to diseases and their remedies. In my small practice of eight years I have cured many cases with remedies not mentioned in the Therapeutic Books. But the symptoms of the patient indicated the remedy. So "Therapeutics" are a hinderance to the progress of true Homœopathic science. Samuel Hahnemann, Boenninghausen, Lippe, Hering, Allen, Hughes, Dunham and other apostles of true Homœopathy have not written any

“Therapeutic”, because Therapeutics hamper the progress of true Homœopathy and encourage *routine practice*. Dr. Kent in the preface to the first edition of his lectures on Homœopathic materia medica observed: “The Organon, the Symptomatology and a full Repertory must be the constant reference books, if careful Homœopathic prescribing is to be attained and maintained.” Unfortunately most of the Homœopathic physicians do not read and try to understand the ORGANON through and follow it truly, and most of the physicians do not know how to use repertory. Materia Medica is vast and very difficult to master. So, they have no other alternative than to follow Therapeutics. I am going to cite a case of mine to show the defects of following the Therapeutics.

*Patient*.—Sreejut Sukhada Ranjan Roy of Jamal Khan, Chittagong, age 24 years.

3. 12. 39. Took fish last night, motion drove him out of bed early in the morning. Stool and mucous mixed. Pain before stool, but no pain after stool. Medicine, Nux vom. 30, 1 dose., Sac. lac, 3 doses., every 4 hours.

4. 12. 39. Six or seven motions.

Medicine, Sac. lac. 4 doses every 4 hours.

5. 12. 39. The condition is the same. Medicine *Sulphur* 30, one dose. The case was improving and medicine was sal. lac.

On 7. 12. 39., the patient took rice and curry without my permission, and I got the following symptoms on the morning of the 8th. December ::

fever and pain all over the body ; four motions, only *bloody mucous*. Likes to lie on the back, because lying on the side increases the tendency of motion. Temperature upto 102°. Pain is more on the lower part of the body. On this peculiar symptom of “lying on side” I began to analyse Repertory and found :

Lying ameliorated—*Bry*, Merc, Podo, Sabad.

Lying on back ameliorated —*Bry*.

Lying on side aggravated—*Bry*, Nit. ac. (Kent's Repertory Page 613, second edition)

I prescribed a dose of *Bry*. 30, and the patient was cured without any further medication.

Dr. Bell's Diarrhoea is an authority for the disease of loose stool, but it never mentioned the name of Bryonia as medicine for bloody mucous. Dr. Lilienthal's Homœopathic Therapeutics writes : Bryonia — “often after Acon., especially during hot summer and from taking cold drinks ; the least motion of the body, raising the arms, or even bending the toes produces a disposition to stool.”

My case does not coincide with the case of Bryonia as described by Dr. Lilienthal. This clearly shows the cause of failure of my fellow brethren in many cases when they follow a book on practice.

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We offer our sincere thanks to our numerous patrons for their steady support to **M Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions

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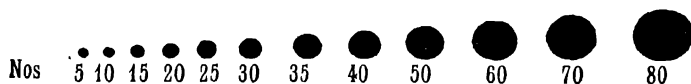
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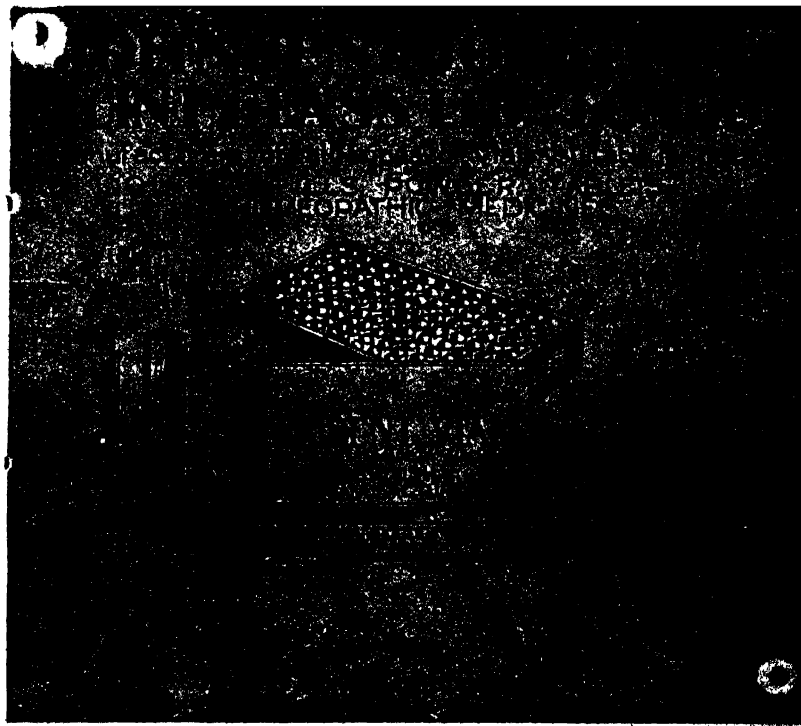
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Vol. III.

APRIL, 1940.

No. 2.

## HIS BIRTHDAY.

Centuries enter and centuries exit,  
Men and matter bear stamp of decay ;  
Few merit monument, others forfeit.  
Thy name and fame the hours relay.  
Hahnemann the Healer of human race,  
Thou art treasured in every breast  
Where Truth and Wisdom blend in grace.  
Thou valiant knight of Nature's behest.

\*

\*

\*

"For modes of faith let graceless zealots fight,  
His can't be wrong whose life is in the right."

N. C. B.

# AN OPEN LETTER TO LORD LINLITHGOW

## EXTREMELY DEPLORABLE CONDITION OF HOMŒOPATHY IN INDIA.

[Biswanath Mukerjee, L.M.S , M L A. (U.P.).].

Will it please your Excellency.

The present condition of homœopathy in this country deserves Your Excellency's best and most serious attention. Homœopathy is now undoubtedly a recognised system of medical treatment all over the civilised world. The Republican Governments of the United States of America, France, Germany the birth place of homœopathy, where its founder Samuel Fredric Hahnemann lived and made his discovery, and in many other parts of Europe. America, Africa, Australia, New-Zeland, homœopathy holds an honourable position and is recognised by the State. But, here in India, its condition is extremely deplorable.

### Neglect of Homoeopathy in India

If homœopathy has not been recognised by the Indian Government as yet, it is not for any intrinsic defects of its own, but decidedly for want of sympathy from those who hold the reigns of the Government in their hands. For the last three or four years, tremendous efforts are being made by all sections of people in this country, to help homœopathy in receiving its recognition from the State.

Sometime back, Mr. Ghyasuddin, a member of the Central Assembly from the Punjab, moved a resolution there which was passed by the majority of the members present but in spite of this, the purport of this resolution remains unfulfilled as yet. Still homœopathy, with all its utility and suitability in the treatment of patients who suffer and die in their thousands during the epidemics of cholera, plague and influenza, has not been introduced in the municipal and district board dispensaries and hospitals. Homœopathy has not got any place upto this time in the civil, military and railway hospitals and dispensaries of this country. This, no doubt, is a very great obstacle in the way of the spread of the true type of homœopathy in India. The Government of India as well as the provincial Governments cannot deny that the demand for the recognition of homœopathy by the State has been very persistent for the last 3 or 4 years both by the laity as well as by the profession itself. Hundreds of M. L. A's. in different provincial legislatures have put in their resolutions for the recognition of homœopathy by the State and for the introduction of homœopathic treatment in the medical institutions of the Government. Homœopathic Medical Faculty Bills are on the envils of almost every legislature in the provinces.

### **Indian Poverty and Homoeopathy**

It will have to be boldly admitted that the reasons which the Government are putting forth in this connection are not very sound. India is a

proverbially poor country. Its industrial and agricultural resources are still undeveloped. As a result of this, the village as well as the city people who fall ill in season or out of season have to go without treatment. It has been observed that homœopathy in rural as well as in urban areas is doing wonders in relieving and curing the millions of masses even while it is being handled by quacks and men of defective knowledge about Homœopathy. How wise it would have been on the part of our Government if it would have introduced homœopathy at least for the treatment of millions of masses in rural areas whom I have seen dying like flies during the epidemics of cholera, plague and influenza and other fell diseases without any sort of treatment for their utter poverty and misery. Injections and quinine treatment are very costly for the poor villagers, however great the safeguards of the medical department of the Government may be to protect them from the ravages of this costly treatment. It is a common experience that these poor villagers have to fall a prey into the hands of medical staff and officers who often extract the price of medicine and treatment from these poverty-stricken people in order to show a margin of saving in the expense of the Government. If the much cheaper system of homœopathy was adopted, there would have been facilities for both the doctors and the patients. It goes without saying that the introduction of homœopathy as a State-recognised system of medical treatment would at once go a long way to remove unemployment in the educated

classes. Regard must be paid also to the fact that in addition to removing unemployment, homœopathy, owing to its measured and definite dose of medicine, has saved the people from the disastrously evil effects of medication and drugging. It is particularly on this reasoning that homœopathy is finding its popularity in western countries such as Europe and America. Not only homœopathy, but all systems of Naturopathy such as Leu-Kohini bath treatment and other sorts of Hydropathy, the milk treatment, the sun bath treatment, the whey treatment and open air treatment have received popularity in Europe and America. While here in India, Allopathy and other drugging and medicating systems of treatment have just entered the domain of medicine, in western countries people being tired of them are trying to get rid of them in order to save themselves from the evil effects of the repeated injections and heavy medication and drugging.

### **Need for recognition of Homoeopathy**

May I take this opportunity to draw the most serious attention of Your Excellency to the above phases of medical treatment in India and request you earnestly to make use of your prerogatives in making homœopathy a State recognised system of medical treatment in this country. Either you should be kind enough to introduce the study of homœopathy in the existing medical colleges of India by creating special chairs for homœopathic Materia Medica, Philosophy, and practice of medi-



cine and all the syllabuses of study that are prevalent in the colleges and universities of Europe and America, or new colleges professing to impart education on the art and science of Homœopathy should be inaugurated in this country at the earliest possible opportunity. This can be done by passing the Homœopathic Medical Faculty Bills that are just now pending before the different provincial legislatures, into an Act. There is no other royal road to the recognition of homœopathy than this. The apathy and indifference of the Government of India have proved simply unbearable and homœopathy is being handled to-day by people who have been unsuccessful in the departments of law, education and other government services. Men having received no education or scientific knowledge are being seen to-day handling homœopathy. The idea with them is that homœopathic medicines, if they would not do any good, then they would not do any harm as they are tiny innocent pills. This is a pure delusion. There are to-day homœopathic colleges which sell degrees to those to get them without being required to undergo any training even in the A. B. C. of this science, thus deceiving the public who are ignorant of the real worth of such men. Some of these colleges, in order to play their deception upon the public mind quite surely, are registered by the Government. Here lies the share of the present British Government in the impairment of health and welfare of the public whom these colleges, registered by the Government, dupe very easily.

It is high time that Your Excellency pay very close attention to these conditions prevailing in connection with homœopathy in this country and make amends in it at your earliest possible convenience.

I beg to subscribe myself,  
Your Excellency's Most Obedient Servant,

*Biswanath Mukerjee* M. L. A.,  
President, Ali-India Homœopathic  
Medical Association, Gorakhpur.

# A Brief Study Course of Homœopathy:

ELEZABETH WRIGHT, M. D.

## II.

### THE EPITOME OF HOMŒOPATHIC PHILOSOPHY.

Homœopathic philosophy may be divided into three sections, the theoretical, dealing with how and why remedies act, which is so abstruse that it can best be dealt with by the more advanced student ; the didactic, meaning the rules and tenets ; and the practical, which comprises the art of applying the rules in prescribing for the actual patient, understanding the results, and following through the subsequent prescriptions to cure.

First, let us take a bird's eye view of the didactic aspect. Health, to the Homœopath, is a state of harmony between the parts of the body and also between the person as a whole and the cosmos. In real health the as yet unexplained life force in each person is vigorous. It is usually spoken of as the vital force, which in disease is the true curative power. The object of giving the similar remedy is to stimulate the vital force. The object of hygiene and mechanical intervention is to clear its path of obstructions. No remedy can cure disease, it can only at best enable the vital force to function properly again.

Disease, to the homœopath, is a state of disharmony involving at least three different factors.,

some morbid influence, the susceptibility of the person affected, and the individuality of the patient modifying the form the disease takes. Homœopaths do not try to cure the morbid influence but to cure the patient himself. In order to cure the patient the most similar remedy must be given.

Symptoms, to the homœopaths, are the language of the body expressing its disharmony and calling for the similar remedy. For prescribing, one must take the totality of the symptoms, which includes the mental symptoms ; the "generals", predicated of the patient as a whole, which include his reaction to meteorological conditions, time, bodily functions, food, etc. ; the particulars, predicated of any part of the patient, and the "modalities" of these (that is, what aggravates or ameliorates). and especially such particulars as are "rare, strange or peculiar"; the causative factors, such as ailments from grief, wetting, riding in a cold wind, suppression of menses, etc. ; and the pathological symptoms, indicating the elective affinity of the remedy for certain tissues or organs.

Homœopathy regards acute disease as an eliminative explosion, which, if handled in the proper homœopathic manner, leaves the body in a healthier condition. This does not mean that the acute disease should be allowed to run its course, for if the symptoms are met at its inception by the *simillimum* the disease will be aborted and yet the economy will be purified. No acute case under homœopathic treatment from the beginning should

die, and there should be no permanent sequellæ. Acute epidemic diseases often run to one or two epidemic remedies which vary as the disease shifts geographically. In this connection the epidemic remedy is an admirable prophylactic, although the chronic constitutional remedy is always the best preventive. Sequellæ following acute diseases are not strictly speaking part of the acute trouble but are flare ups of chronic disease aroused by the acute condition.

Chronic disease is not self limited and shows no tendency to ultimate recovery if untreated. This is the unique sphere of homœopathy. Practically every one has some symptoms of latent chronic disease, and to the homœopath chronic disease is the basis of susceptibility. By taking the totality of the symptoms from birth on, a deep acting, chronic constitutional remedy can be chosen which will aid in fending off future acute disease and remove many inherited and acquired encumbrances to the vital force. Hahnemann divided chronic diseases into three main categories or "miasms" — psora, syphilis and sycosis. These may appear singly or in combination with each other or with drug disease engrafted by improper treatment. This matter of the miasms is the most difficult and moot question in homœopathy, but the fundamental thesis of the importance of chronic disease in general is essential.

Having prescribed for chronic disease, if you have given the true *simillimum*, the symptoms

are cured in accordance with Hering's three laws of direction : From within outward, from above downward, and in the reverse order of their appearance. This is never the case in chronic disease untreated by homœopathy, therefore when observed one can be sure that it is the remedy which is curing and that the correct remedy has been found. Hering's laws are so important that we will give an example : A rheumatic fever case, where the joint symptoms has disappeared and the heart is affected receives the *simillimum*. The heart improves, pains return in the shoulders and elbows, these disappear and the knees and ankles are involved, these in turn pass off and the patient entirely recovers. The symptoms went from within outward (heart to joints), from above downward (shoulders to knees), and in the reverse order of their appearance (heart to limbs instead of limbs to heart). If the symptoms do not go in this order the remedy is wrong. When a patient on a chronic remedy develops a different symptom, search back on your record or question your patient rigorously to determine whether this is the recurrence of an old symptom (a good sign, in which case no further remedy should be given). If it is not an old symptom search the pathogenesis of the remedy given. If the symptom appears in the proving give nothing, if not, the choice of the remedy must be revised.

These laws of cure may or may not apply in acute disease, usually they do not. If the picture of a chronic disease includes a suppression, especi-

ally if the suppression is due to crude drugging, the chronic remedy acting according to the third law of cure will sometimes restore the original discharge or eruption. The percentage of cases in which this return is from the original channel is relatively low. With good prescribing, however, some exteriorization takes place even though this may only be a diarrhœa or a coryza. One of the times when any practitioner most needs a thorough knowledge of homœopathic philosophy is when, after chronic prescribing, he is faced with such a discharge having more or less acute symptoms. He must then decide whether this is a return of an old trouble in its original form, or a compensatory vent, or a new acute disturbance, or an aggravation. If it is the first he should wait and give *Placebo*, explaining the process to sustain the patient's morale. If it is the second he should attempt to do the same. If, on the other hand it is the third, or the second is too annoying to the patient or even dangerous, one should prescribe an acute remedy and give it in low potency (thirtieth or even the twelfth, surely not above the two hundredth). After this the action of the chronic may not even have been disturbed. Often the acute remedy called for will be found among the acute complements of the chronic remedy. If, in the fourth case, the disturbance is merely an increase in one of the patient's complaints, or is found under the pathogenesis of the chronic remedy given, it can be classed as an aggravation and should receive no medicine, except *Placebo*, unless dangerous as

above. If it is so serious as to threaten life, owing to the chronic having been given in too high a potency, an antidote may be in order. The selection of the antidote will be taken up in a later lecture. The great point is not to mix up your case and spoil it by giving unnecessary remedies.

In addition to acute and chronic diseases there are, of course, diseases due to drugging, or to bad hygiene, and there are diseases which have ultimately themselves in pathology calling for surgery, and also troubles which are primarily surgical like foreign bodies, fractures, extra-uterine pregnancy, etc.

A word should be said here about pathology and surgery. From the homœopathic standpoint much of pathology is protective, abscesses, ulcers, tumors are an effort on the part of the vital force at localization and extrusion. Such pathology should not be removed by surgery until *after* the sick constitution which produced such pathology has been cured. Often in course of cure the pathology will shrink or be absorbed. If not, it remains as a foreign body and is a subject for surgery. Its removal before the cure of the constitution simply means that, balked at that outlet, the vital force will seek another one, either by recurrence in the same form or by more deep seated trouble. As to surgery, some of the orthodox homœopathy hold that any surgery that is not merely a mechanical adjustment (such a ventral suspension of the uterus) is a definite bar to cure, the idea being that in the



unraveling of the disease it gets back to where the knot was cut by surgery and can go no further. It requires the keenest judgment to decide when a case has gone too far to be relieved by remedies, and emergency surgery is indicated in a crisis. The homœopathic remedy should always be resumed after the surgery.

In any of these classes of disease where they have been wrongly treated one should include the symptoms of the patient before the incorrect treatment, in other words original symptoms, in the totality.

Having glimpsed the didactic aspect we must run over practical philosophy. The unique law which is the basis of all homœopathy is *similia similibus curantur*. How we arrive at this equation, the actual studying of drugs and patients is the province of later lectures. The actual handling of cases after the first remedy has been selected is the more difficult part of homœopathy. First is the necessity of giving the single remedy. This precludes the use of compound tablets, alternation of remedies, unhomœopathic adjuvants such as cathartics and anodynes, etc. In a case where the miasms are mixed it may be impossible to cover the totality of the symptoms with one remedy. In such a case observe which miasm is, so to speak, on top and prescribe for the totality of symptoms of *that* miasm, and when these symptoms are cleared off the layer beneath, representing, perhaps, another miasm may be prescribed for, again by a single remedy. Sometimes the remedy indicated

may be one which has power over all the miasms., as for instance, *Nitric Acid*. The single remedy does not mean that only one remedy should be used throughout a case, although this is the desideratum, but simply one remedy at a time. It cannot be too often stated that one must not give a remedy lightly nor change it frequently. In acute diseases the single remedy at a time still holds although the remedy may have to be changed as the case develops, in which case some of our master prescribers hold that the original remedy may be indicated again at the close of the cycle to complete the case. Further details on the single remedy will come up in the lecture on prescribing.

Next in importance to the selection of the single similar remedy is the question of dosage. The classic rule is "the minimum dose". We prefer the term *the optimum potency* meaning the potency on a plane most similar to that of the patient at the moment in question. Hahnemann's original choice of the word minimum served two purposes, first, to discourage the enormous crude drugging of his time, and secondly, to point out that the high potencies have a different action from crude drugs. The whole potency question will be discussed in a later lecture in full.

The question of repeating the dose is the next in importance. As a simple rule for beginners: high potencies should be given in one dose with *Placebo*; the low potencies, 30th. and under may need repetition. After giving the single dose of

the single similar remedy the student *must watch and wait*. The duration of action of remedies and the factors influencing it will be discussed later. The general rule is to give nothing more than *Placebo* while improvement continues, in other words as long as the patient himself feels increasingly better regardless of the accentuation of certain symptoms. The beginner must learn not to try to make a good thing better by repetition, as this defeats itself. According to the case, the potency and the remedy, the need for repetition may occur in from a few hours in acute disease (or a few minutes in desperate cases) to weeks, months and even a year or more in chronic cases, although waiting is perhaps the most difficult lesson for the eager homœopath. He must wait with knowledge or valuable time will be wasted. How is he to know whether the remedy is the right one or is still acting? In acute cases the general well being of the patient should be apparent in from a few moments to two or three days. In chronic cases it varies from a few hours to several weeks, sometimes, indeed, it is only apparent after the second dose. In chronic cases Hering's laws of cure, mentioned earlier in this paper, will show you whether you are on the right track. It is at this point, while watching the action of your remedy, that you must understand the subject of homœopathic aggravations. An aggravation is necessary to improvement, but it often occurs even with master prescribers. The usual cause of severe aggravation is an error in

the potency or the presence of marked pathology. Aggravations are of two kinds, disease aggravations and remedy aggravation. The first of these is merely the natural progress of the disease and does not concern us here. The second or remedy aggravation, which is a sort of house cleaning, is indicative of the prognosis of the case, and has about twelve recognizable forms which will be discussed later. Due allowance for aggravation must be made before considering repetition of the dose. A general rule is that even during aggravation the patient, as a whole, in himself, feels better.

The subject of the second and subsequent prescriptions, one of the most important in the subject homœopathic philosophy, will be better understood in connection with prescribing later on.

Another very vital point in the homœopathic philosophy is that of suppressions. The causation of suppressions are dependent on so many factors; the results of suppression untreated so dire, and frequently unrecognized; and the results treated so brilliant, that a complete lecture will be devoted to this subject.

To present homœopathic philosophy lucidly and logically to a novice is well nigh impossible. The student is urged to read and re-read the appended list of books and to send in to the Carriwicht Department questions which arise.

### Reading list

*Lectures on Homœopathic Philosophy* by James Tyler Kent, M. D.

*The Genius of Homœopathy* by Stuart Close, M. D.

*A Synopsis of Homœopathic Philosophy* by R. Gibson Miller, M. D., *Journal of Homœopathics*, Vol. iv., August, 1900, page 194.

*The Organon* by Samuel Hahnemann, M. D.

*Homœopathy the Science of Therapeutics* by Carroll Dunham, M. D.

*Manual of Pharmacodynamics* by Richard Hughes, M. D.

-The Homœopathic Recorder.  
Vol XLV No 4.

# CONSUMPTION AND ITS REAL CAUSE.

S. Pattak M. D. (U. S. A.)

## II.

In my previous article I have discussed that the primary cause of Consumption is a "loss of albumen from the blood and a consequent disproportion into which such loss must necessarily throw all the other constituents of the blood," and the terrible bacillus is nothing but "a softening or suppuration of the tubercle, a simple rod of fibrin". Again, deficient supply of albumen, instead of a loss of it, may bring similar results. Deficient feeding or poor food both cause a too watery blood, which always decolorizes the red corpuscles too rapidly, and changes them into leucocytes or tubercular corpuscles. Poor people living on stale vegetables or other poor food may and do have tubercles developed in the aforesaid manner. Now I shall discuss as follows :—

### The stages of Consumption.

We have the purely catarrhal stage of Phthisis running all the way from a few weeks only, in some cases, to many years in others wherein the disease is confined to catarrhal or mucous discharges, with debility, irritations and other disturbances that flow directly from the cause. Next we have the stage of deposit of tubercles and the

commencement of their suppuration or the breaking down of the tissues in which they remain embeded. Third and lastly, we have the suppurative stage extending from the time suppuration begins, in or around the tubercle in mass, to the end of life. In this last stage, there is extensive destruction of one or both lungs. In this stage we also frequently find the mesenteric glands of the intestines partly or wholly destroyed by the deposit of tubercles in them and their consequent ulceration.

### Sources of Phthisis

It is a well known fact that phthisis immediately follows, or dates its beginning, soon after an attack of pneumonia, and, in many cases, apparently as a more or less direct result of it, where the latter does not prove fatal at the time. Chronic Bronchitis, Broncho-pneumonia, Pleurisy or pleuro-pneumonia are the diseases which predispose a person to attack of Phthisis.

There are many other sources of phthisis besides direct inheritance, e. g. suppressed skin eruption, suppression of other forms of disease from various other organs. To illustrate: of great numbers of women daily treated locally for diseases peculiar to their sex, a large portion soon or within a year or two after the removal of their primary disease, begin to manifest nasal or Bronchial catarrh, chronic sore throat, dry cough, pains in the chest

or other pulmonary symptoms, either one or all of which, sooner or later, develop into Phthisis.

In no case is the removal of female disease by local treatment a curative process. The chief cause of such complaints is almost invariably a scrofulous or tuberculous taint inherited from one or both parents ; or it may be an inherited humor of the blood, as that of psoriasis, herpes, eczema and the like. How it is possible, then, to suppose that local treatment can cure, that is, eradicate a cause that had its beginning in the preceding generation and permeates the entire constitution of the patient ? It is simply absurd.

Another fruitful source of phthisis is in suppressed stomach diseases. The majority of confirmed dyspeptics ultimately die of consumption.

Again, Consumption may, and often does, have its origin in suppressed chronic diarrhœa, suppressed Hæmorrhoids, suppressed Fistula in ano, etc. *The physician can be guilty of nothing more criminal in his profession than to treat any disease locally and thereby suppress it.*

### Curability of Consumption.

What the world needs to know more than all else in this connection is, the cause of consumption, so as to avoid the disease where possible ; and whether it can be cured, or what reason there is to hope for this in any of its stages, when it is actually upon one.



Even were the loss of albumen not the cause of tubercle, it must be conceded by all, that stopping the waste of so highly nutritious and necessary an element of the blood for the nutrition of most of the soft tissues, would, never-the-less, be of the utmost importance, to arrest this cause of emaciation and debility, and would, let its cause be what it may, leave the patient with so much more strength and vigor to combat the progress tubercle.

After the production and deposit of tubercle, there are two most important purposes to be accomplished before the patient can be cured, namely: the mucous membrane must not only be healed, but the tubercle, or tubercles must be absorbed before health can be restored.

In the third stage of consumption, little, if any, hope is to be entertained of its cure, and especially if a tubercular mass of any considerable size has suppurated and broken down a corresponding amount of lung substance, in either lung. The breaking down of several small tubercles, even if quite small but destroying and carrying away lung tissue, is equally hopeless. It is not, however, regarded as impossible that some patients may be cured wherein there has been a softening of one or two small tubercles, and the leaving of small cavities in the lungs, but no certain reliance can be placed upon permanent relief being given in such cases.

On thing imperatively demanded, if we wish to cure Consumption, is, that all harsh,

strong or irritating medicines must be scrupulously avoided.

Our experience in the treatment of phthisis is that it is not so much a change of climate that is needed as *life in the open air*.

The best climate for the tubercular patient is that in which is obtained the greatest freedom from mental and physical suffering\*, a climate that is adopted to the peculiarities of each individual case. Climate to be either preventive or curative must be carefully individualised; must be selected, *not for Consumption*, but to meet the needs of the patient.

### Personal Hygiene

Catarrhal affections are rarely found in persons who do not suffer from impaired digestion, hence perfect digestion is one of the first objects to be attained in the prevention or cure of Consumption.

### Treatment of Consumption

After 25 years of careful study and investigation of the etiology, pathology and treatment of Consumption, I indulge in no wild hopes for myself nor offer indiscriminate encouragement to mislead others in the curability of Consumption in its advanced stage. But I assert with emphasis that a far greater proportion of cases in the *first stage* ought to be cured than ever has been. The patient

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\*Refer to p 39, Vol III, Homoeopathic Herald, for H. E. Lady Linlithgow's advice — Ed

must forego all exhausting mental and physical labour, care and anxiety as far as possible ; he must also avoid all injurious habits that may have had to do with the causing of his disease.

In the second stage of phthisis or that of tubercular deposit, before the suppurative process begins, a much smaller proportion of cases is curable ; and yet here, under favorable circumstances, many have been cured. *The exact simillimum, carefully selected and rightly administered, will often surprise the physician with its beautiful curative action, even in this stage.*

In the 3rd stage of phthisis, that is, after tubercles of large size have softened, broken down the lung tissue and large cavities formed, very few are curable.

*The limits of the curable and incurable are not represented by any fixed lines : what is curable to-day may be incurable to-morrow, and what we of this generation deem incurable, may be considered very amenable to treatment in the next generation.*

The skilful application of the simillimum (Homœopathy) will often correct the constitutional ailments and prevent the development of phthisis. Many methods of treatment based upon the supposed etiology or pathology of the affection can seldom succeed. It is the *patient* that is to be cured ; and as no two patients are alike, it is worse than useless to subject all patients to the same treatment. Hence, neither change of climate, closed establishments, *special diet*, the movement

cure, oxygen treatment, electricity, calcium and gold injection, nor personal hygiene in any form will alone suffice. Each of these in its individual sphere will accomplish something, for each has more or less effect on the activity of cell-life.

But by the judicious individualisation of all these agents, combined with the correcting of the underlying psoric diathesis by the exactly similar remedy we may be able to control and eventually eradicate not only phthisis but its malignant allies, Cancer and Bright's disease.

## CARDIAC ANGINA\*

Clinton Enos, M. D.

Under this name it is proposed to give the homœopathic treatment of those patients who have spasmodic attacks of chest pains, usually of short duration, and are rarely seen in the attack. However, this does not hinder one from prescribing for these patients and perhaps to cure them or at least to give temporary relief, regardless of its usual height the blood pressure rises during these attacks. Those patients who have no rise of blood pressure during the attacks of pain have some disease other than cardiac, and are cured with a different set of remedies.

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\* Read before the Colorado Homœopathic Medical Society, September 23, 1938.

The etiology of these cases may be based on many different causes, some have a functional and some have an organic background. One is never sure of the cause of these attacks from a physical examination or from the history of case. The electrocardiograph record is of great help in the diagnosis and prognosis of these cases— if properly read. My experience in sending these patients out for this examination has been very unsatisfactory, both as to scientific and professional results. However, these patients either get relief or die in the same manner whether the electrocardiograph examination is made or not.

Prognosis is very uncertain. I have had patients live for more than twenty years after the family was warned that the next attack would be fatal. More than forty years ago an old gardner had repeated attacks of severe pain in his chest with violent palpitation.

These attacks were so severe that he would fall down. *Glon.* 3x tablets every five minutes until relieved apparently cured him in a couple of years. He lived many years in good health without any heart trouble and finally died of old age. In contrast with the above, a forty-eight-year-old husband of one of my patients died in a second attack of pain sixteen hours after the first attack. The coronary arteries were nearly obliterated by calcareous deposits. He had been pronounced in perfect health eight days before at the annual examination by a railway surgeon.

In 1934 a patient, age seventy-one, carried buckets of dirt from the alley to flower beds in front of his house. While doing so he had a very severe attack of pain in his chest and down his left arm. He would have fallen except he held to the fence. He was carried to his bed. When I saw him the pain was still very severe. The heart action was very rapid and irregular ; so much I could not count its beat. The blood pressure was  $\frac{1.6.0}{9.0}$  up to about 40 points over his usual pressure. He said his heart was squeezed so tightly he could hardly breathe. *Cact. grand.* 3x, five minutes apart, gave relief of the smothering and irregular heart action in one-half hour. He was confined to his bed for a week and made a slow recovery. Later he complained of excessive smothering on going upstairs. His blood pressure has remained about  $\frac{1.2.0}{6.1}$  since the first attack. *Calc. carb.* 12x was given before meals. He has recovered sufficiently so that this summer at seventy-five years of age he climbed one-fourth of a mile up a steep mountain side and has driven his car over two high mountain passes – all without any heart or chest disturbances.

In March, 1935, a woman, age fifty-seven, had had short severe attacks of pain in her chest and down her left arm. The heart was considerably enlarged. She had a smothering choking cough. The blood pressure was  $\frac{2.0.0}{1.1.0}$ , upto about 50 points. *Kalmia lat* 3x gave complete relief in two month's time. She ceased reporting to me after eleven months. The blood pressure was  $\frac{1.5.0}{8.5}$ . In March, 1937, her husband reported that his wife was

having a return of her heart pains. She would not report to me for she had taken up with some new religion that was going to keep her well. On June 9, 1937, more than a year after discontinuing treatment, at 3 A.M. a very severe pain struck her in the chest and she died in a couple of minute's time.

When I cannot get definite indication of a remedy in these cases I am in the habit of prescribing *Kalmia lat.* It has nearly always given relief but does not always cure as in the former patient.

In 1935, a man, now eighty, had young ideas as to his prowess. The senile stubbornness was a problem to his family. He went to California to help a relative on a farm. He could not do any work and acted so queer that his relatives sent him back to Denver. A few weeks after his return home he had the most severe cramping in his chest and down his arms that I have ever witnessed. He looked as though he was dying. The heart action was so irregular that its beat could not be counted. The blood pressure was  $\frac{1}{1} \frac{0}{0} \frac{0}{0}$ . I prescribed *Dioscorea* 3x, two tablets every five minutes. Relief came in twenty minutes. He was confined to his bed for a few days and then appeared normal again. His blood pressure has remained  $\frac{1}{1} \frac{0}{0} \frac{0}{0}$ . Only slight attacks has occurred since. He carries the medicine and takes a dose on the first appearance of any pain.

*Spigelia* has cured a few patients when the characteristic pains are present.

Inhalations of *amyl nitrite* usually give relief in an attack but it is doubtful in my mind if there is any lasting benefit from its use.

This concludes about all the treatment I have used for these patients. All that recovered probably had functional disturbance or had very slight pathology. All the "posts" I have seen showed coronary pathology.

One thing I have observed after giving the homœopathic remedy is that these cases of angina diminished in severity and frequency. Rarely have I seen a patient die of cardiac angina who carried the remedy with him and took a dose or two at the beginning of the pain.

—The Journal of the Am Inst of Homœopathy.  
Vol XXXII, No 8



## ANXIETY AND SEX.

S. C. Laha. M. B.

( Continued from Vol. III. P. 38 )

We create things with our beliefs where, in reality, there is none. The wind moves the branches of trees where by chance hangs a white rag. We create a white-robed goblin who sighs and moans. We add further details to it. A story finally develops that curdles the blood of children and draws the adults close together round the fire in a winter's evening. A good story-teller makes you feel and see things that he creates with his imagination. Formerly there were paid story-tellers and jokers in the courts of Kings in the medieval period just as there are poets and painters now-a-days paid by the State. Among the different types of stories, ghost stories appear to be very popular. Fairy stories probably come next. "Arabian Nights" has been translated into all the languages of the world and is still one of the most favourite books for children as well as for adults. It is always new and entertains the successive generations of men and women although the writer of it died hundreds of years ago. It satisfies the cravings for romance and adventure of the human heart which reality cannot. One likes to fight with a dragon or an ogre to rescue the beautiful princess and clasping her to his heart, to soar through the sky in moonlight among clouds on a

winged horse. Marvellous idea ! but silly. Yes, one likes to be a fool sometimes. Otherwise, stories which are offered by the foolish would not touch one's heart so much. Jokes, puns, nonsense-stories have similar popularity.

This only proves that one lives more in his imagination and phantasy than in reality. "One does not live by bread alone." He is happy with a certain group of his ideas and beliefs and feels miserable with certain other phantasies. None of them are real. He sees the picture of a woman and writes poetry about it. He falls in love with it, hangs it in his bedroom and secretly kisses it. He thinks too much about it and feels happy in its presence. It is practically a custom everywhere to keep the pictures of dead men and women, whom one loves, in one's room. One wonders what is there to make so much of a song about a photograph, because a photograph, after all, is not a living person.

But alas ! happy imaginations are rare. They are far too small in comparison with the unhappy ones which make you feel rotten and nasty. Since sex is one of the most important aspects in one's life and since social codes continually try to curb it and direct it, the most horrible and the most unreal beliefs cluster round it. All these false beliefs and superstitions are defence-reactions of the mind, manufactured to prevent the sex instinct from running into anti-social channels. And because masturbation is one of the most anti-social practices, a group of horrifying beliefs are specially

attached to it to prevent the individual from indulging in it.

The real physical loss in masturbation is a few C. C.'s of albuminous material with spermatozoa in it. We can hardly call it a loss, because we give out plenty of other albuminous and mucoid materials daily with the waste products of our body. Such small loss, if loss at all it be, can never bring about any ill effects physically. Besides, during the first year of married life, a young man has sex-relations with his young and new wife very frequently, as much as once every night and occasionally even more than that. If the loss of albuminous material from the body is taken into account, there appears to be a considerable "loss" in such cases. Yet I have never seen a newly married man or woman losing weight and becoming ill. On the contrary most of the persons that I know of have gained in weight during the first year or two of marriage.

The "loss"-idea of semen from the body does not bear scrutiny. It seems to be a mere superstition. If you begin investigating the truth of this belief from facts available, what is proved is exactly the opposite of what people believe. It appears that this "loss" instead of injuring the health of persons, actually improves it.

But the mental aspect of masturbation is entirely different. If you believe in a ghost and see something which you think might be a ghost, you get palpitation, dyspnoea and sweating. These disturbances of circulation, respiration and vasomotor

system are definite physical changes occasioned by such a belief. If you are perpetually afraid of ghosts, these will be perpetual disturbances of these vital physiological processes of the body, a condition which may, even in a few weeks, bring about a complete breakdown of one's health.

I have discussed the effects of the mind on the body in one of the previous issues of this journal. A belief generally creates disturbances of emotions like love, hate, fear, anxiety, jealousy etc. in the mind. Any emotional disturbance upsets the endocrine balance of the body. A few of such endocrine changes we know. Anger, for instance, causes increased secretion of adrenalin from suprarenal glands. All the endocrine glands of the body are inter-related with one another and the disturbance of one influences the secretion of the others. This endocrine disharmony, occasioned by strong emotional changes, influences profoundly the feeling of well-being and later the general health of the body. Sometimes, when the emotional shock is very profound, the break down of the body is rapid. The death of a beloved one may be so shocking to a person that he may himself succumb in the course of a few days or weeks. One speaks of a death due to "a broken heart." It is not poetry, but a fact. This is only a figurative way of speaking about the effects of a severe mental shock, because most of the emotions are felt physically in the region of the heart. There are numerous cases on record where a person dies shortly after the death of a beloved one. Among domesticated animals one observes the

same thing. The death of an animal a few weeks or even days after the death of its mate, is very common. Animals are no poets and consequently poetical ideas are not likely to influence them.

Yes, an emotional disturbance occasioned by beliefs can kill a man slowly or quickly according to the strength of it, just as it can revive and restore him.\* And what a host of superstitions are attached round sex as the centre, particularly round masturbation. There is the inevitable guilt-feeling due to it and the fear of exposure. The horrors and evils of masturbation, handed down through generations of strange traditional beliefs, have their usual places in a man's mind. The quack-literature, the religious dogmas of fanatical priests, the prayers to save the soul of the sinners, the lectures, the books depicting the glories of ascetism, in short, all this clumsy chaos of superstitions and faiths pushing everybody to eternal perdition and hell-fire without any apparent reason, are a man's poor legacies.

The masturbation guilt is universal, just as masturbation itself is practically universal. I have never known a man in the course of my analytic practice, where he has to tell me all the hidden secrets of his life, who does not perpetually repent for ever afterwards for his early masturbation guilt. This strong emotional upsetting, resulting in a feeling of smallness due to guilt, influences the physical health considerably. He becomes

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\* Refer to the footnote to Sec 17. of "Organon"—Ed.

really weak and anæmic, gets indigestion and constipation with headaches and does not sleep well at night. He becomes shy and is afraid to face people and frequently thinks that he is impotent and that his penis is small. He does not like to marry, shirks society and friends and lives a lonely life of repentance and worry. A large number of pale young students that we see frequently, shy, reticent and sensitive, with cultured faces and a timid bearing, are sufferers from this masturbation-guilt. They face life with a fear, most of which can be traced to early masturbation guilt. The quack literature fan it, the medical men to whom he goes to seek relief and most, if not all, of whom have the same kind of beliefs themselves, scold him and harry him, the religious books to which he turns to seek guidance, terrify him and curse him and threaten to send him to hell. Everything that he turns to for seeking relief is hostile to him. The combined effects of all these hostile propaganda create a vicious circle of misery across which he cannot struggle and swim out. He gets drowned and falls ill.

I have seen innumerable bright young students, charming and cultured boys, struggling to get free from the superstition of the ill effects of masturbation. These poor chaps wear their minds and bodies out from worry and misery due to this petty cause which is no more an important thing than taking a cup of tea.

One of my medical friends who happened to read my previous article in which I discussed the mechanism of masturbation, complained to me with a slight feeling of horror that I have compared sex-urge ( including masturbation ) with hunger, which I have really done more than once. By that he probably hinted that I recommend masturbation. I do not. What I do recommend and request is this, "Please do not make a mountain of a mole-hill". If you see an earth-worm and think it to be a snake and run for your life, surely I am not to blame for your conduct if I say, "It is only an earth-worm".

The ill-effects of masturbation on health that we see is not due to the loss of a few C. C.'s of semen, but to the continuous worry occasioned by superstitious belief as to its bad effects.

[ To continue.

—o—

## Treatment of Hydrocele in Infants by Homœopathy\*

(Venkatrao R. Huilgol, M.B., B.S. Gadag)

Gentlemen,

You all know that my experience is very meagre to speak on Homœopathy and much less on the treatment of some definite disease by Homœopathy. Still I made myself bold enough to speak

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\* Paper read before the Homœopathic Post-Graduate Association Gadag.

before you in spite of my short-comings simply with a view to stimulate some interest in other brother members.

I have treated up to now only six cases of Hydrocele in infants. No doubt the number is too small to speak with any authority on the subject. But my experience is backed up by those who had greater chances of treating such cases.

The ages of the children varied from a few months to four years. In five cases it was Hydrocele of the testes, but in one it was that of the chord. In some it was on the right side while in others it was on the left. The time required for the absorption of the fluid varied from one week to eight weeks.

I have derived most benefit from Rhododendron, 30, I have had also failures with this. I then gave Calc. 30 on the indication of these children being leucophlegmatic. I also referred to Jahr who says "Remember Calc. in children." My apology in reading this paper before you is this :—

Homœopathic line of treatment is based purely and solely on symptoms. You know how difficult, or say almost impossible to elicit any symptoms from children. Repertories do not help us because of paucity of symptoms. I therefore say that diagnosis on pathological lines has also its own value in Homœopathic treatment, and should not be ignored.



## A CASE OF TUBERCULOSIS.

MAURICE WORCESTER TURNER, M. D.,

In November, 1910, I received the following letter, which is self-explanatory :

"DEAR DOCTOR : Read these symptoms and see what remedy had better be given at present

"A young woman of 23 years, Weight 140, and plump. She has had a hemorrhage, and is a case of incipient tuberculosis, with, of course, no cavities ; only an area of dullness in upper right lung and a laryngeal spot of infection.

"Her brother died of acute pulmonary tuberculosis in March, 1910.

"There is hoarseness and central soreness in the throat every morning until after breakfast time. She never eats breakfast, never has very much. Cough, a single explosive effort, generally dry, until after several such efforts a small amount of viscid expectoration is raised, with relief ( contains tubercle bacilli ). Cough worse in cold weather ; worse in damp weather , worse eating cold things, as ice cream. Menses getting less and coming late. Feet swell every morning, a puffiness of whole foot. Feet inclined to sweat. Numbness of single parts, shoulder, back (low down), sides (high up). Numb spots. Frequent urination at night. Yours, "\_\_\_\_\_"

What can be made of this symptom-complex, much of which consists of ordinary symptoms, with no *uncommon characteristics* or *peculiar* ones ?

Another thing to be noticed is the absence of mental symptoms, said to be the *sine qua non* of a successful repertorial case-study. Hence, as

has also been said, it was evident that I would have to work it out "by main strength and awkwardness." But is this true? Let us see.

The first rubric to take in a case like this is "Consumption." Why? Because the remedies it contains have been found useful in "Ulceration of the lungs" in degree corresponding with that indicated rank in the rubric. Hence that alone is helpful in the repertorial working out.

Take Kali carbonicum for instance. Hahnemann tells us that "persons suffering from ulceration of the lungs can scarcely get well without this anti-psoric." Well here it is in the largest type in this rubric of "Consumption," giving thus extra weight to the remedy at the start; but, as I have often said, the rest of the symptoms must confirm or reject this preeminence.

Another reason for taking this rubric of 'Consumption' first is that it is the *cause* of the young woman's illness. This sounds like heresy, but it is not, for I admit there are deeper causes at work in such a case. It is an account of the way the repertory is constructed, and intended to be used, that this pathological grouping in various rubrics occurs. It is really a recognition, by Boenninghausen, of the special cause of this, and other, affections, as they are known today. They are given thus for the purpose of covering not only the *cause* but in some instances *location* as well, as for example chicken-pox, measles (rubeola) scarlet fever, small-pox, erysipelas, etc. The exciting cause, whether one calls it bacillus or not

is best covered in this way. Thus the rubrics are all expressions of concrete facts, hard and fast facts, not speculative at all. This patient had tuberculosis. That was a fact according to modern diagnostic standards.

After the *cause, location, sensations*—with the appropriate arranging of their modalities, and their *concomitants* were taken, in that order, and worked out as follows, taking one and two together

1. Consumption—150.
2. Upper chest—125.
3. Right side—127.
4. Dry cough—115.
5. Convulsive—116.
6. Expect., tenacious (viscid) - 118.
7. Agg. cold weather (dry cold.—275.
- 8 Agg. cold food - 282.
9. Agg. wet weather—309.
10. Larynx—120.
11. Hoarseness - 122.
12. Soreness internally—181.
13. Agg. morning—269.
14. Amel. after breakfast—278
15. Urination frequent—99.
16. Agg. night—270.
17. Menses late—108.
18. Menses scanty—108.
19. Feet—138.
20. Puffiness—187.
21. Inclined to sweat (lower parts)—263.
22. Agg. morning—269.
23. Numbness externally—168.



As Silicea covered not only here but also in the materia medica, I answered the doctor's letter, telling him that was the remedy and adding a word of caution as to using it.

The answer came at once - "Thank you. She is on Silicea now, nothing else. Covers the whole case so well I wanted to be sure of it. No, sir, I am *not* afraid of Silicea in such a case, namely a plump, 140-pound girl in incipient stage. No cavities nothing but an area of dullness in upper right lung and the laryngeal spot of infection.

"I suppose Silicea is to be doubted in advanced cases and then only because the patient can not stand its way of *curing*."

Having heard nothing of the case since, I wrote within a month asking the present status of the patient, and received the following reply :

"Dear Doctor. The young woman seems to be all right now : she has gained in weight as much as she is inclined to. Her menses come on regularly, which they never did before. If she gets a cold the cough takes on its old character, but there is never any temperature."

So much for help derived from Boenninghausen in this case of tuberculosis and the way to study it in his repertory.

The letters, which are before me, confirm the choice of Silicea.

## RELATA REFERO.

Thursday the 14th of March 1940 is a memorable day in the annals of Homoeopathy in India. This day on the floors of the Bengal Legislative Assembly The Hon'ble Nawab Bahadur of Dacca, Minister of Public Health, announced that "A Homoeopathic Faculty was going to be established very soon ; they had collected a large sum of money and the Faculty was going to be established within a few weeks."

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So the ONE GREAT HOPE of the lakhs of Homoeopathic practitioners of Bengal is to materialize very soon After having patiently waited all these years *a few weeks more* is not likely to break one's heart. On behalf of the lakhs of them we tender gratitude to the Hon'ble Nawab Bahadur.

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The Homoeopathic profession is none the less beholden to Mr. Nauserali Khan, Ex-Minister, and the Hon'ble Mr. Tamizuddin Khan for their genuine help and push in bringing the Faculty to its statutory position.

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It would be iniquitous to forget Mr. P. Banerjee, M. L. A , in this connection. He sponsored the Bill in the legislative assembly introducing it in 1937 and resolutely keeping the strain till the announcement was made on the 14th March. That's the

way to serve one's province. Bengal lovingly places her laurel on this trusty son's brow.

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It would be interesting to know how and in what way and to what extent A. C. Members laboured for the birth of this Faculty. By and by, we propose to present entertaining episodes of the Faculty's intra-uterine life.

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The air, earth and water of Bengal will now be moved and shaken and seduced in the forthcoming wrestle for scoring seats in the General Council of The Homoeopathic Medical Faculty. It reminds us of the strategical meetings, election *tour-de-force*, solicitations and what not, on the occasion of forming the now disintegrated Advisory Committee, in order to find an ingress and thereby earn a reflection of visionary importance in the eyes of credulous *mofussilites*. At that adventure many laughed aloud, others laughed in their sleeves; for, the Hon'ble Minister just missed to apply any standard conditioning admission to the late Advisory Committee. In some cases, even party fellows had subsequently realized their egregious error of judgment.

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The editorial of our last month's issue will sustain repetition today. Its concluding paragraph runs thus: "It may be necessary for the Hon'ble Minister to appoint a *sub-protem* Council to initiate and implement the Faculty. His experiences will

guard him against any improvident move or lenity with any unrestricted passion for unmerited elevation "

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A three-day-long celebration of the anniversary of The Ramkrishna Medical Education Society for Women was solemnised on the 3rd., 4th, and 5th. March 1940, at 128, Lansdowne Road Calcutta. The Hon'ble Sir B. P. Singha Roy, The Hon'ble Nawab K. Habibullah Bahadur of Dacca, Mrs E. H. Rankin, Mr. Tusar Kanti Ghose, Mr. Pulin Behari Mullick, M. L. A., and many other men and women of importance graced the occasion with their august presence. In view of the dire poverty of the country Medical education on Homœopathic principles is admittedly the best suited to India, apart from Homœopathy's superiority over other systems of treatment. Unless the donors' conveyance interdicts Homœopathy, this medical system should replace the expensive, speculative and spectacular system of alloëopathy in this humanitarian institution. It should not be impossible to bring out one or two woman—M. D. professors from New York or Philadelphia to teach the students Homœopathy; for other allied subjects women teachers will be available in this country. It will then be a model institution and useful to the entire nation, without encircling its popularity and activity with the *elite* and the *top-milk*.

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On the 10th. March, The Mayor of Calcutta unveiled a life-size portrait of the late Dr. Mahendra



Lal Sircar, M. D., D. L., C. L. E., the great Homœopathic evangelist of India

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The Flag Day Collections held in December 1939 amounted to Rs. 7906-7-0, which has since been distributed amongst the various hospitals and institutions in Calcutta and Howrah. Not a single Homœopathic Hospital or Out-door dispensary appears on the list of the recipients of this benevolence. Perhaps the distributors had taken it for granted that amongst the multitude of contributors to this charity collections there was none inclined towards Homœopathy. Believers in Homœopathy should beware and tighten their purse strings on the next occasion of these collections.

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A Delhi news of the Associated Press of February 29, reported that a hospital in charge of Russian doctors has recently been opened in Khotan in the Tibetan frontiers. We wonder if they follow the Homœopathic system of treatment.

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The Drug Bill of 1940 was sent to a Select Committee whose report on it is now ready. A minute of dissent has been recorded by three members of the committee and their points are of great importance. We endorse their opinion and trust these will be adopted forthwith. One of the dissenting points is that the Bill provides "No control over Unani, Ayurvedic and Homœopathic patents." As to *Homœopathic patents* let

us tell the Hon'ble Law Member and all legislators that Homœopathy inhibits any and all patents, and as such a provision should be made in the Bill for immediate destruction of such fraudulent preparations and for penalising importers, local manufacturers and all vendors of such patents. It is the worst form of deception contrived to exploit the diseased people

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*‘Observation.’*

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## INDEX INDICATORS.

[ Continued from p 432, vol. II. ]

ECZEMA on genitals . Arg. nit , Ars , Calad., Croton  
tig . Graph , Hep , Lyc., Nat. mur , Nitr. ac.  
Petr., Rhus tox , Sep , Sulph , Thuj.

ECZEMA RUBRUM , small blisters in the axillæ  
suddenly, and emit a discharge which col-  
ours the linen a greenish yellow : Nux jug.

ECZEMA, bleeds easily and is covered with thick  
crusts, with fetid secretion beneath : Lyc.

ECZEMA, yellow crusts, and inflamed surroundings  
after scratching : Merc. sol.

ECZEMA, with thick moist crusts : Rhus tox.

ECZEMA, yellow acrid moisture oozes from under  
the crusts ; when the surface is denuded  
of these, new vesicles at once form, and  
soon burst, forming a crust as before : Staph.

ECZEMA, vesicles smaller and flatter than mercurial eczema : *Copaiv.*

ECZEMA, with pimples, crusts, and easily bleeding surface : *Sulph.*

ECZEMA, transparent glutinous discharge, forming crusts : *Graph.*

ECZEMA, with purulent secretion : *Clem., Graph., Hep., Lappa maj., Lyc., Nat. mur., Nitr. ac., Sulph.*

EFFLORESCENCE of vividly red spots on abdomen and legs : *Origan. vulg.*

ELEVATIONS, small, hot, red, whose tips become white and scaly, on left arm, elbow and nates : *Merc. sol.*

ELEVATIONS, small, round, colourless : *Op.*

ELEVATIONS, red, tuberculoid and inflamed : *Rhus. rad.*

ELEVATIONS, small, dark-red, on backs of hands, covered with scabs, beneath which are pus : *Sulph. ac.*

ERUPTIONS, BLACKISH, *Ant. c., Ars., Asaf., Bell., Bry., China, Con., Croton. horr. Electr., Lach., Mur. ac., Nitr. ac., Rhus tox., Sec. Sep., Sil., Spig., Vip. red.*

ERUPTIONS, BROWNISH, *Cann. sat., Nitr. ac., Phos., Phos. ac.*

ERUPTIONS, close-grained, dense : *Agar., Carbo veg., Copaiv., Sep., Squill., Thuja*

ERUPTIONS, confluent : *Agar., Ant. c., Cic., Copaiv., Hyosc., Phos. ac., Rhus tox., Tart. e., Val.*

[ To continue.

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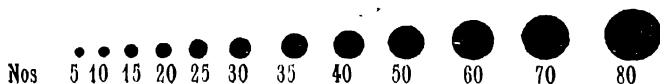
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2x, 3x, 6x, 12x, & 30x.	-/1/9-	-/3/-	-/5/-	-/8/-	-/12/-	-/14/-	-/2/-	-/3/4-
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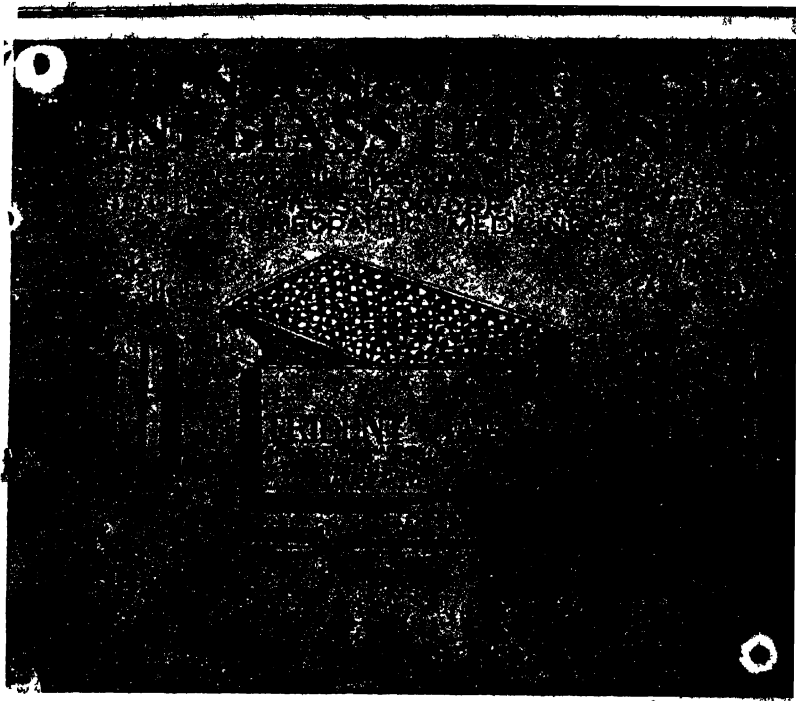
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# THE HOMŒOPATHIC HERALD.

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Vol. III.

MAY, 1940.

No. 3.

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## Editorial

### FACULTY IN THE MAKING.

The noiseless foot of time ceaselessly trots along its endless course. Six long weeks have quietly passed since the Hon'ble Minister of Public Health graciously announced on the floors of the Bengal Legislative Assembly that the Homœopathic Medical Faculty was going to be established within a few weeks. The promised Faculty has not come within sight yet. But one must not despair. *A few weeks* is only an indefinitely tiny fragment of limitless time, and one must not try to be mathematically accurate as to the hours and minutes forming a week. The Faculty is to be a thing of creation out of nothing, and the time of any creator shall not be counted in terms of a Geneva watch. Read in the Geeta :

सहस्रयुगपर्यन्तमहर्षद्वद्वाणो विदुः ।

रात्रियुगसहस्रान्तां तेषोरात्रविदो जनाः ॥ ८ । १७ ।

One day of Brahma-the Creator of the Universe-consists of 432 crores of terrestrial years. One

year of man is equivalent to one day of the dwellers of Paradise. Time is indeed the biggest mystery.

Then again, the Homœopathic Medical Faculty will be of necessity a synthesis of various things, subtle and crude—and consequently demands great care to adjust everything harmoniously.

Firstly, who will be entitled to registration? This is equally a knotty and a naughty question. Opinions differ very widely on this first question. If the past activities of all the Homœopathic Colleges be relegated to oblivion and registration be available on the length of practice alone, that would create a chaos and a hideous iniquity. Colleges with a four-years-course of study and compulsory dissections, should have immediate preference and recognition entitling them to present their passed students to the Faculty for registration. In other words, these old graduates of the colleges coming within the aforesaid category should be registered through their respective colleges for the purpose of getting their degrees and applications countersigned by the Principal, thus checking malpractices.

Secondly, we face the problem of registration based upon the length of practice, without considering the question of general education and training in the science and art of Homœopathy. This is something like firing blunderbuss. But, when making an attempt at pearl-fishing, one has to suffer pulling a stock of sea weeds along with mother-of-pearl. Under the circumstances, a

ten-years-practice should be the minimum length of time for a practising homœopathist to be entitled to registration, and his application should be supported by Municipal Professional tax bill, or a certificate from the chairman of the municipality within the jurisdiction of which he has been practising, or from the chairman of the Local Board, or from any Sub-Divisional officer, testifying the *bona fide* practice of the applicant. Anything less than a ten-years-practice will be dangerous, if not homicidal, to be recognized for purposes of registration of such non-institutional practitioners.

Thirdly, the minimum qualification of the new entrants to recognized Homœopathic Colleges has to be determined. Matriculation of the Calcutta University, or its equivalent, will be unanimously agreed to ; but we should strongly recommend that the entrants should pass the Matriculation with the three science subjects, *viz* , (a) Elements of Physics and Chemistry, (b) Elements of Biology, and (c) Elementary Hygiene, as prescribed in the Syllabus taking effect from the Matriculation Examination of 1941. Without the combination of these science subjects in his matriculation the applicant shall not be admitted to any Homœopathic College.

Fourthly, the Syllabus of all colleges should be uniform and not below that at present prescribed for the State Medical Faculty of Bengal, with the substitution of the study of the Homœopathic Materia Medica and Organon, and subject to quinquennial revision. Speculative and spectacular

subjects that are of no utility in actual practice and which at present form a dead weight on the breast of the students of allopathy, should be excluded. Proving of indigenous drugs and re-proving of the old drugs of the Homœopathic Materia Medica should be given special importance.

Fifthly, the first General Council for initiating and implementing the Faculty should dissolve after one year when there should be a general election, and the newly elected body should function for three years and retire. Subsequent Councils should likewise hold office for three years. The retiring members should be eligible to re-election.

Sixthly, the General Council should, as soon as possible after formation, frame rules and regulations in regard to the conduct and misconduct, practice and malpractice, medical ethics, etc., for the guidance of the registered medical practitioners.

Seventhly, the preliminary period for registration should be three years from the date on which the establishment of the Faculty be gazetted.

Thus, the task before the Faculty is not an easy one. The first General Council should therefore be composed of men who are equal to this prodigious labour and at the same time unwarped of allopathic inclinations. We feel sure the Hon'ble Minister is fully conscious of these necessities.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT, M. D.

## III.

### KNOW THE PATIENT.

"A case well taken is half cured," one of the masters said. For a good homœopathic prescription a good deal of information is essential which is not needed in ordinary medicine. The homœopath must know his patient, spiritually, emotionally, mentally, physically and sociologically. He must give as much time as he needs to acquiring this knowledging. He must not prescribe anything but *Placebo*, in a chronic case, until he has it. In an acute case he must know these same factors in so far as they affect the acute condition. Let us suppose that a new patient comes into the office of a homœopath. What is the procedure ?

I. The physician must be receptive, like a photographic plate ready to receive the image of the patient. He must clear his mind of other preoccupations and of previous opinions about the patient. He must be tranquil, cordial, and after the first greeting and question, "What brings you to see me ?" or "Tell me what it is that troubles you," he must be silent.

II. The physician must allow the patient to tell his own story in his own way. Questions or interruptions of any sort derail the patient at this



stage, and may cause the doctor to lose essential information.

III. The physician must observe from the moment the patients enters. The office should be so arranged that the light falls on the patient. The main points to be noted are : (1) The personality of the patient. (2) His apparent state of mind both in himself and in relation to the doctor (whether depressed, shy, suspicious, secretive, afraid, ashamed, etc.). (3) His apparent physical status (signs of disease in gait, complexion, difficulty in breathing etc.). (4) Traits of character as shown in dress, cleanliness, neatness, pride, etc.

IV. The physician must record every item which seems to him important, in the words of the patient, both in what the patient says and in what he himself observes, in a column at the left of his paper, leaving at least an inch blank between the items to be subsequently filled in as the patient reverts to that subject or, later, when the physician questions about it. He may prefer to put facts pertaining to history on one sheet or in one column, those pertaining to actual physical symptoms in another, and mentals in a third, but this requires experience and adeptness. It is safer for the beginner to list them all as they come and sort them later in the working out of the case.

V. When the patient has come to a full stop the physician may say, "what else ? " and by waiting elicit much more and often much more valuable information. If the patient is reticent or gives

only brief and objective data, and the physician is unable to persuade him to give more, this passive method may have to be abandoned in favour of active questioning. The object is to drain the patient dry of what he knows of himself. If the patient is loquacious, time may necessitate the prevention of irrelevancies and the utmost tact is needed to keep him on the main track and yet not lose important side lights.

VI. When the patient is through with his story a few remarks by the physician may be in order as to the aid that can be given through our remedies and the necessity for special knowledge of the patient as a whole and many details ordinarily overlooked. This pleases the patient and insures cooperation in answering the often rather intimate questions which must follow.

VII. The data needed for an ordinary medical history may hardly have been touched on up to this point and should not be inquired into even yet. If by this time the consultation period is over, if the patient is not in acute pain or distress, or has not come from a long distance, a subsequent appointment should be made for the next day if possible, and the patient should be definitely told that the physician must do a complete physical examination and the necessary routine laboratory tests at the next visit. Instructions for bringing a 24-hour urine specimen should then be given. This makes the patient realise that in addition to the interest to all details of the case the physician is going to be thoroughly scientific.

VIII. The physician should now take up each item that he has noted on paper and get the patient to tell him more about it. When the patient has exhausted all that he can tell about each item the physician should bring out the "modalities," if, for instance, the item is pain in the stomach and the patient volunteers that it is burning and has no relation to meals and no radiation, the physician must find what aggravates or ameliorates it, what time it occurs, its concomitants, its relation to mental states, if any, etc. When each item has been so modified and filled in, the physician must run through the list and see which of the possible mentals, generals, particulars, and modalities have not been mentioned and question the patient about each of these.

IX. All questions that the physician asks must be so put that the patient cannot reply with a simple "Yes" or "No" but must think before answering. The physician must be careful never to suggest an answer by the form of his question and must guard against questioning for the symptoms of a particular remedy which may have come to his mind. If he has seen a fairly definite remedy picture in the patient's story and wished to clinch it he must take special care not to lead the patient into the answer he desires, and may even suggest the opposite, and watch the reaction.

X. When the physician has covered the fields outlined above in detail, according to a systematic outline, which the novice should have before him

during the interview and which the master knows by heart (we append a suggested one), he must make sure that he has questioned the patient on every system and function, otherwise some important detail will be missed which might prove a key note suggesting the study of one or more remedies.

XI. The mental symptoms and characteristics of the patient (which, as will be brought out in a later lecture, are the most important if strongly marked) should usually be elicited last when the patient's confidence has been more fully gained. Especial tact and insight on the part of the physician are needed to evaluate the emotional causes of disease, for instance, few patients would know that ailments from mortification might be the most important symptom in their case, or that suppression of sex needs or anger might rank as a leading cause in their illness.

XII. At the close of the interview the patient must be made to feel that the physician is deeply interested in his case, that he will take the hours needed to thoroughly study up (to repertorize) the case, and that the special method of Homœopathy can bring not only relief but also a fundamental improvement in the whole constitution which will tend to ward off subsequent illness and increase the powers and well being of the patient. A thorough physical examination and the routine laboratory work, or any extra tests suggested by the history, must be done on every new patient and at least yearly on old patients, and the patients instructed

as to why they should not use other drugs during homœopathic treatment, what the dangers of suppression are, when they should report back, and what they may expect as the immediate results of the treatment. One other point may be valuable in knowing the patient and that is to get the version of the immediate family and close friends. This is sometimes dangerous, as nervous patients hate to know that they are being talked over, but the wise physician can take much contradictory evidence and arrive at a more just and sympathetic evaluation of the case.

By this time the physician should have a remarkably accurate picture of the patient in all his phases, subjective, objective, pathological. From this totality of symptoms he can, by correctly evaluating the symptoms as we will show in a subsequent lecture, derive a true image of the patient and the remedy.

#### OUTLINE FOR TAKING THE TEST.

I. The patient's story.

II. Modalities as applied to each of the above symptoms in the following order.

- a. Causes.
- b. Prodrome, onset. pace, sequence, duration.
- c. Character, location, laterality, extension and radiation of pain or sensations.
- d. Concomitants and alternations.

*c.* Aggravation or amelioration.

1. Time (hour, day, night, before or after midnight) ; periodicity ; seasons ; moon phases.
2. Temperature and weather ; chilly or warm blooded usually, chilly or warm blooded in present illness ; wet, dry, cold, or hot weather changes ; storm or thunder-storm (before, during or after) ; hot sun, wind, fog, snow ; open air, warm room. changes from one to other, stuffy or crowded places, drafts, warmth of bed, heat of stove, uncovering.
3. Bathing (hot, cold or sea), local applications (hot, cold, wet or dry).
4. Rest or motion ( slow or rapid, ascending or descending, turning in bed, exertion, walking, on first motion, after moving awhile, while moving, after moving), car and seasickness.
5. Position : Standing, sitting, (knees crossed, rising from sitting), stooping (rising from stooping), lying (on painful side, back, right or left side, abdomen, head high or low, rising from lying), leaning head backward, forward, side-wise, closing or opening eyes, any unusual position such as knee-chest.

6. External stimuli : Touch, hard<sup>r</sup> or light, pressure, rubbing, constriction (clothing etc.), jar, riding, stepping, light, noise, music, conversation, odors.
7. Eating : In general (before, during, after, hot or cold food or drink), swallowing (solids, liquids, empty), acids, fats, salt, salty food, starches, sugar and sweets ; green vegetables, milk, eggs, meat, fish, oysters, onions, beer, liquor, wine, coffee, tea, tobacco, drugs, etc.
8. Thirst, quantity, frequency, hot, cool or iced, sours, bitters, etc.
9. Sleep . In general (before, during, on falling asleep, in first sleep, after, on waking)
10. Menses (before, during, after, or suppressed)
11. Sweat : Hot or cold, foot-sweat, partial or suppressed.
12. Other discharges : Bleeding, coryza, diarrhœa, vomitus, urine, emissions, leucorrhœa, etc., suppression of same.
13. Coition, continence, masturbation, etc.
14. Emotions : Anger, grief, mortification, fear ; shock, consolation, apprehension of crowds, anticipation, suppression of same.

f. Strange, rare and peculiar symptoms.

III. The patient as a whole : MENTAL GENERALS (to be studied last for convenience), *Physical Generals*.

#### PHYSICAL GENERALS

- a. The *constitutional type* of the patient (endocrinologi-co-homœopathic correspondences, lack or excess of vital heat, lack of reaction, sensitiveness, etc. )
- b. *Ailments from emotions* (see also mental generals) : *suppressions* (emotions ; discharges such as menses, sweat, leucorrhea, catarrh, diarrhœa, etc. ; eruptions ; diseases such as malaria, rheumatic fever, exanthem, syphilis, gonorrhea, etc. ; of pathology such as hæmorrhoids, fistulæ, ulcers, tonsils, tumors, other surgical conditions, etc.) ; from *exposure* to cold, wet, hot sun, etc. ; from *mechanical conditions* such as overeating, injury, etc.
- c. *Menses*, date of establishment, regularity (early or late), duration, color, consistency, odor, amount, clots, membrane, pain (modalities of), • concomitants, aggravation or amelioration before, during or after (both physically and mentally), menopause (symptoms of).
- d. *Other discharges*, ( see II e. 12 ) cause, colour, consistency, odor, acrid, or bland, symptoms from suppression of, symptoms



alternating with, hot or cold, partial discharges as of sweat, laterality, better or worse from discharges (before, during or after).

- e. *Sleep*, better or worse from, position in, aggravation after, difficulty in getting to sleep, waking frequently or early, at what hour, somnambulism, talking in sleep, dreams ( see Mentals ), restless during.
- f. *Restlessness, prostration, weakness, trembling, chill, fever* etc.
- g. *Aggravations and ameliorations* applying to patient as a whole as under II. e. 1 to 14.
- h. *Objective symptoms* such as redness of orifices, superfluous hair, applying to patient as a whole.
- i. *Pathology* which applies to patient as a whole, such as tendency to tumors, wens, cysts, polypus, warts, moles, individual and family tendency to certain diseases or weakness of specific organs or tissues (also related to a. above and to physical examination), frequency of catching cold.

### *Mental Generals*

- a. *Will* : Loves, hates and emotions (suicidal, loathing of life) ; lasciviousness, revulsion to sex, sexual preversions ;

fears ; greed, eating, money, emotionality, smoking, drinking, drugs ; dreams ; homicidal tendencies, desire or aversion to company, family friends ; jealousy, suspicion, obstinacy, contrariness, depression, loquacity, weeping laughing, impatience, conscientiousness.

- b. Understanding :* Delusions, delirium, hallucinations, mental confusion, loss of time sense.
- c. Intellect :* Memory, concentration, mistakes in writing and speaking.

IV. Quick review of condition of every system and organ beginning with head and following order of Kent's *Repertory*.

V. Past history of patient in seven year periods.

VI. Family history.

VII. Physical examination and laboratory tests.

### Reading list

*Case Taking*, G. B. Stearns.

*How to take the case*, E. B. Nash.

-The Homoeopathic Recorder.  
Vol XLV. No 5.

# The Ever-Present Truth of Homœopathy\*

J. W. WAFFENSMITH, M. D., H. M.

New Haven, Connecticut

The activities of life are either hyper or hypo. There is a happy medium, but the continuous maintenances of same is a chimera, a dream of the philosophers.

Action and reaction, being equal and in opposite directions, find a logical counterpart in the law of similars.

Hahnemann, the medical genius of all time, using these facts as a basis of reasoning, devoted his efforts to the elaboration of a constructive system of therapeutics which fundamentally meets the need of all time.

He geared his mental mechanism with the flashes of truth along the pathway of the masters who preceded him. He built upon a substantial background, which at the time may have seemed of small value by his skeptical colleagues ; nevertheless it became the nucleus for an unlimited expansion in curative possibilities.

With an ever-widening application of the law of similars in many fields of science there comes back to his followers the echo of the substantial value of his contribution to a sick humanity.

\*Read before the Bureau of Homœopathy at the Fifty-fourth Annual Convention of the Southern Homœopathic Medical Association, at St. Louis, Mo., October 13, 1938.

The medical scholar, irrespective of the particular flare he may express in his treatment approach to disease, experiences at times an intriguing sense of satisfaction from some curative result obtained. The law of similars in some way has been met and recompense of mutual satisfaction results.

Hahnemann demonstrated his uncanny genius by concentration upon a known fact, although not clearly understood in his time. He proved that a definite approach to the universal law of similars in some particular channel would bring results.

He may not in the beginning have suspected the range of action to be as broad as it later proved to be with clinical verification of his proving of remedies.

We all recognize that the success of homœopathy was due to the provings on the healthy and the potentization of the substances used.

This duality of facts opened the way for unlimited advancement in the treatment of the sick, solely dependent upon the individual ability and study hours devoted to acquiring a knowledge of same. It demanded patience and industry to an exceptional degree to find the indicated remedy.

Homœopathy uses man as a subject for proving, differing from the common form today, which is upon animals. It gives particular attention and makes notation of the mental symptoms, and thereby offers a superior facility for remedy diagnosis in the attack upon disease. It gives a sense

of reliance which never can be attained by crude pathologic or organic prescribing.

A young woman became obsessed with a loathing of life, and continuously reproached herself without any definite reason, no pathology being in evidence. Like all these cases, no amount of reasoning made an impression. Psychotherapy was a waste of time and effort. The condition grew progressively worse and was affecting metabolic balance. Thuja 1M and 10M cleared the complex and again brought a love of life, social adjustment and physical balance.

Here was a dual expression of psychic symptoms, realistic as a severe pain to a patient may be, and equally as distressing to the members of the family as any physical illness may be, which subsided under the dynamic action of one of our major miasmatic remedies.

We hear much today of the high cost of medical care, of the lack of clinical facilities for the treatment of the lower third. How easily this problem could be handled with the least cost to the taxpayer through a general knowledge of homœopathic philosophy and training in the use of our remedies. Hospitalization would be reduced to the minimum, the extensive and expensive equipment would be unnecessary, the need for operative interference reduced, and the ambulant chronic cases become economically more productive.

In the young *the similar* acts in a pleasing manner. Slowness in the mental process, malnutri-

tion and the long line of defects which develop in its train are easily corrected. In fact, prenatal treatment brings such rounded results in the mother that the child becomes outstanding in any group of children. I have yet to find any one of these children to become a problem child. There is something different about them which commands attention, and I leave it to you to explain the details.

There is much discussion and appeal for government subsidies to handle the problem of juvenile deficiency. There is a growing propaganda for extension of sports and no end of suggestions for this and that diversion in courses of studies to keep up with the rapidity of changing moods in the young.

I wish to protest against this superficial approach to a basic problem. I fully agree with a program of sports and study diversion in moderation. I further wish to state that stepping up of these activities to meet the morbid changing moods of the juvenile does not cure the condition but adds to instability.

Quietly the homœopathic physican, without extra effort, in an inexpensive and practical manner through the medium of the indicated remedy, is meeting this problem in his daily practice.

Perverse and antisocial tendencies are being ironed out by treating the internal cause. Harmony and peace of mind again come into family life.

Some nine years ago a boy was brought to me with the following symptoms : staring eyes ; jealous ; defiant ; rude ; strikes ; anger ; resentful ; destructive ; restless and moving all the time. Father has a sister with recurrent attacks of excitement. The boy was a definite antisocial type with a characteristic tubercular head formation, and I assure you the prognosis for medical treatment was discouraging. Mercurius, sulphur and tuberculinum in the higher range of potencies have changed this unruly boy into a splendid and successful high school lad.

Not to take up too much of your time, but I wish to refer to another beneficiary of homœopathy. This boy was a member of a family of students, parents and family being mentally alert with no patience for dulness. He was sensitive and had a definite inferiority complex on account of his school work, especially his deficiency in spelling. A relative, understanding the value of homœopathy, paid for the treatment under protest of the family, who, as often is the case in educators, were skeptical of the inference. Medorrhinum has this particular symptom, around which grouped other characteristics, justifying administration. The lad forged ahead after a time and today is a college student, improved in his spelling and earning his own way. The remedy was given in a series of potencies ranging up to the highest (and I assure you we need to climb to the highest in these difficult-to-cure cases).

It is my opinion and experience in practice that a systematic homœopathic treatment to an individual who needs medical attention will improve the morale and stabilize productive capacity. The potentized remedy will rehabilitate within reasonable bounds when stereotyped welfare or palliative measures fail.

I am not so optimistic as to think homœopathy will come into general use in our distorted social and medical world of today. I fully realize the small minority who know and practice this great truth in medicine need have no fear of being overwhelmed by any great change of attitude in the immediate future. Nevertheless, as our hair grows grayer and our experience with homœopathy lengthens into a broader and more mature grasp of the possibilities at our disposal, we feel the mellowing influence of the greatest means for the cure of the mentally and physically sick.

May we quietly at this moment search our inner self for a review of the many persons whom we have benefited by conscientious homœopathic treatment. Have we not gently carried them along in their difficulties with the remedies, and helped them to adjust to and manage their problems? Year after year passes and they continue on their feet, much to our amazement.

Some of these folks have spent considerable sums for a diagnosis, in consultation, in hospital observation, laboratory fees and what not, solely to have an obscure diagnostic tag put upon their



sickness. Others have been informed there was no evidence of pathology, to be sent away with some mental complex more firmly fixed, which drives them from one palliative measure to another without relief, but disgust for medical curative ability.

These are the cases in which we secure remarkable results by integrity in handling and industry in study. We fully realize that in some cases we fail to find the proper remedy, in others we cannot eliminate the exciting cause which irritates the symptom complex; again we find those who have reached the incurable stage, whether by natural, environmental or postpalliative means.

After a rational understanding with the patient, we may seek to bring about the necessary correction, which, if impossible, still leaves us in the position of not having done any additional violence, in treatment to the patient who in confidence has come to us for relief.

Have not the many years of therapeutic nihilism produced a serious loss of public confidence in the custodians of medical knowledge? Our lack of knowledge of the use of many remedies in the storehouse of nature has opened many channels of attack against our well-established method of treatment. We have simply gone astray and lost our balance. In time we will come to see that mechanical, chemical, surgical or any other form of palliative approach as routine practice leads to chaos, whether it be social, financial or medical.

We can freely accept the offering of science to meet the needs of our day, but when it comes to treatment of the sick there is in my opinion nothing to equal the wisdom which has accumulated in our materia medica during the years since the time of Hahnemann

—The Journal of the Am Inst of Homoeopathy  
Vol XXXII, No 8

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Surgery is a purely mechanical method which may assist but, in itself, cures nothing and bears little or no relation to medicine proper, and it is not necessary for a good operator to be a good prescriber and *vice versa*. As we have remarked before, it was ignorance of medicine that bred the supremacy of surgery as it rules today, a condition that time will eventually compel to be reversed. Surgery, being purely a mechanical method and a patent right of no method of healing, has no authority whatever to dictate just what method of healing shall be known as the system or method to which all other methods or systems must either be part or speciality. This surgery is all that the so-called "regular system" contains to make it a "system."—A. PULFORD, M. D.

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## FEVERS WITHOUT PHYSICAL SIGNS\*

(L. D. Dhawale, B. A., M. D.)

### FEVERS WITHOUT PHYSICAL SIGNS.

*Causes :-*

1. *Toxins of microbic origin.*
2. *Instability of the heat-regulating mechanism, as found in :*
  - (a) the neurotic patient,
  - (b) one recovered from long febrile illness,
  - (c) the chronic alcoholic, and
  - (d) the morphia addict.
3. *Metabolic upsets as found in :*
  - (a) acute gout,
  - (b) acute stage of Grave's Diseases,
  - (c) a premenstrual period in some cases,
  - (d) serum sickness,
  - (e) rickets,
  - (f) heat stroke,
  - (g) severe hæmorrhage : (i) hæmatemesis

(ii) melæna, (iii) post-partum hæmorrhage,

  - (h) Addison's anæmia,
  - (i) cirrhosis of liver,
  - (j) nephritis, and
  - (k) rapidly growing neoplasms, malignant and nonmalignant, and those undergoing necrosis.

\* Short notes of a clinic delivered in K. E. M. Hospital, Parel Bombay.

## SCHEME OF INQUIRY IN A CASE OF PYREXIA WITHOUT PHYSICAL SIGNS :—

1. Pulse,
2. Respiration,
3. Temperature,
4. Special points in the patient's history,
5. Absolute and differential count of white blood cells.

*Pulse* : not exceeding 90 .— coli typhoid group ;  
Exceeding 90 :—scarlet fever and T. B.  
infection.

*Respiration* : normally, increase of 2 or 3,  
per degree of fever; when more, suggests respiratory  
disease.

*Temperature* : duration & type

1. Fevers of short duration :—  
acute exanthemata.
2. *Fevers of long duration* : —
  - (a) Tuberculosis,
  - (b) Typhoid group infection,
  - (c) Septic endocarditis,
  - (d) Lymphadenoma,
  - (e) Coliform infection, and
  - (f) Otitis Media in a child.
3. *Continued type of temperature* :—
  - (a) Pneumonia : physical signs are wanting,  
if associated with emphysema.
  - (b) Influenza : fever not more than five days.
  - (c) Typhoid : temperature, step-ladder  
fashion ; relapses even after four  
weeks.

4. *Relapsing type of temperature :—*

- (a) Rat-bite fever, 3 to 4 weeks of incubation,
- (b) Lymphadenoma,
- (c) Mediterranean fever, and
- (d) Relapsing fever.

5. *Periodic type of fever :—*

- (a) Malaria,
  - (b) i. Meningococcus infection,
  - (c) ii. Pulmonary Tuberculosis,
  - (d) iii. Typhoid fever,
- Reverse type of temperature.
- (e) i. Septicæmia,.....
  - (f) ii. Kala-azar, .....
- Two spikes in the chart of temperature, in 24 hours.
- (g) Pyæmia : Rigors in the course of pyrexia.

6. *Regular remittent type of fever :—*

Active tuberculosis of :

- (a) Pleura,
  - (b) Peritoneum, and
  - (c) Lungs,
- } when not complicated by secondary infection.

7. *Regular intermittent fever :—*

- (a) Malaria,
- (b) Pyogenic infection.

## SPECIAL POINTS IN THE PATIENT'S HISTORY :

*History preceding the onset :—*

- (a) *Where has he been ?* —area endemic or epidemic
- (b) *State of health before fever :*
  - 1. Nephritic-metabolic fever ;

2. Valvular disease—malignant endocarditis ;
3. Cirrhosis of liver—metabolic fever or T. B. infection ;
4. Malaria—easy rise of temperature ;
5. Amœbic dysentery—hepatitis ;
6. Anæmia, dyspnœa, pleurisy, hæmoptysis — T. B. infection of lungs.

(c) *Recent surgical operations :—*

1. Remote areas—the seat of infection being subphrenic region, pleura, liver : *after abdominal operations ;*
2. Sinuses—meninges—veins, are the seat of infection *after operations on ear and nose ;*
3. *Serum administration*—seven to ten days before fever.

COUNT OF W. B. Cs.

i. *High leucocytosis :—*

1. Bone inflammation—osteomyelitis ;
2. Perineal tissue ischeo-rectal abscess ;
3. Sinus infection.

ii. *Leucopænia :—*

1. Typhoid-paratyphoid infections,
2. Measles,
3. Malaria,
4. Mediterranean fever,
5. Influenza,
6. General tuberculosis, not involving a serous membrane.

iii. *Differential Count* :—

1. Leucoid count, in coccal infection ;
2. Lymphoid count, in bacillary infection ;
3. When bacillary infection is superimposed by coccal infection, the count is of the leucoid type.

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“Clinical Experiences that deepen my faith  
in Homœopathy” \*

[B. G. Marathe, M.B., B.S., Late Lt., I.M.S., P.G. (E.M.H.)]

Mr. President and friends,

I am aware, all of you were very likely surprised to read the title of today's paper, and you must be asking yourself the question “What could be extraordinary about it”, particularly when the writer of it happens to be an humble neophyte in the art of homœopathy. I can assure you, there is nothing wonderful in it that will interest you in particular. But I can confidently say that the experiences relayed therein, have certainly gone a long way in deepening my faith in the efficacy of this wonderful art of healing the sick in the most

\* Paper read at the monthly clinical meeting of the Homœopathic Post-Graduate Association, Bombay, on the 30th October, 1939

effective, pleasant and quick manner, much to the satisfaction of both the healer and the healed. Not only this, but day by day, I am coming honestly to believe that it is a civilized and scientific crime against humanity to attempt the cure of the sick by any western therapeutic methods, except those offered to us by homœopathy. You might call me a faddist and I should not be ashamed of it, if I have the necessary faith in the superiority of this science. I am a firm believer in the maxim that "faith is essential to the achievement of every goal." It is this faith alone that has made me attempt the study of this science. It is true that I have got an insight, only into the borderland of the homœopathic philosophy and practice. But I am confident that with faith alone I can expect to study the vast resources that this supreme art has unfolded to the sincere and diligent student. You will therefore please listen to my experiences related herein, in the spirit they are given to you. You will take whatever is worth anything, and throw the rest to the permanent care of the dust-bin. I shall therefore, without taxing your patience any further, proceed to read my paper, which I hope will at least be able to stimulate some healthy and instructive discussion.

*Case No. 1.*

On the night of Sept. 25, I was called in consultation by a junior medical practitioner of the allopathic school to treat a very young girl, eighteen months old, almost in a moribund condition, suffering from acute diarrhœa and vomits. The history



of the case was as follows :—The child was suffering from acute diarrhœa and vomits for some days past. The result was that practically nothing in the way of nourishment could be retained by the child. An eminent consultant was consulted who had prescribed Glucose-saline and coramine injections, in addition to the mixtures of the usual type that are prescribed under such circumstances. When I examined the child I found the following picture :—A rickety child drenched with profuse clammy sweat over the whole body, more marked on the face. The pulse was 140 and odd p.m., very soft but of a fairly good volume, inspite of the dehydration she had for sometime past. Face, drawn in and cyanotic. Upper eyelids a bit puffy. She looked extremely exhausted and could hardly open her eyes. She was however quite conscious and took whatever liquids were poured in her mouth, showing that she was extremely thirsty particularly for cold water. The extremities were quite cold. The lungs showed signs of consolidation, on the left side. The respiration were 30 p.m. The abdomen was very tympanitic and the stools passed out forcibly with plenty of foul gas. The temperature was 102°. As the case looked bad and was not from my family group, I did not want to take the responsibility. When I was called, the attending doctor was about to give her a glucose-saline injection. I suggested that pituitrin might advantageously be added to the saline, to relieve the tympanites and also improve the volume of the pulse. This was done, but without effect.

I was then prevailed upon to take up the case. I prescribed Verat. Alb. 30, every half hour, until the perspiration, motions, and vomits stopped, and the pulse improved. This was at 12 midnight. The next morning's report was that the vomiting had entirely stopped, as well as the diarrhœoa, except for one motion at 1 A.M. The perspiration had also stopped and the pulse had improved ( 120 p.m. ) ; volume, also better. She now responded better to calls by parents and was able to take nourishment more willingly. The extreme thirst was also better. The fever was still 101°. On the whole she was distinctly better and showed some hope of revival. Nothing was then given until 1 P.M., when I was again called in to see her. I found that the pulse was 160 and a possible circulatory failure was eminent. The mouth and tongue were angry and red, as also was the throat. Remembering that it was a bad case of ulceration of the mucous membranes and consolidation of the lungs, the Verat. having done it's good work—I prescribed *Sul.* 30, three doses, hourly ; after that four hourly, if no improvement was noticed. The next morning, that is, 27th Sept., she was reported to be much better, even the parents thinking that the child would now certainly recover. The father however suspected that the child had some retention of urine, as she had not passed urine during the past twentyfour hours, and became restless and irritable if the bladder area was pressed. I only advised salt water for drinking and wanted to wait and watch for the developments.

28th Sept. No motions, no vomits, but the bladder looked full. In other respects the child was better. *Opium 30* was now given two hourly. At 1 p.m. I was again call to see her. Yes, the urine was retained, and the abdomen bloated. Pulse 110, respiration 28 p.m. The angry ulceration of the mucous membranes was the same. In addition, the important symptoms that called for my attention were "Intense drowsiness and stupor, complete absence of thirst and increased puffiness of the upper eyelids." This, of course, was not surprising, after the urine was retained with such low vitality. *Apis 30*, was therefore prescribed every two hours until the normal flow of urine was established.

29th Sept. She passed a little urine and the drowsiness was a little less. *Apis* was continued.

30th Sept. She was still better, having passed urine three times though little in quantity.

1st Oct. She had passed urine of the normal color, the quantity also being nearer the normal. She was also free from fever and had definitely passed out of the critical stage. Hereafter she rapidly improved, the lung condition taking care of itself, without any other measures like the proverbial phlogistin, or fomentations. *Natrum Mur.*, the chronic of *Apis* was the only thing required in the 6th decimal potency, to relieve the redness and ulceration of the mucous membranes and restore the normal action of the bowel.

I ask myself "Would this speedy and pleasant recovery have been possible if I had followed the

allopathic line of treatment?" Whenever I am reminded of this case, I think over and ask myself, "Would it have been better, had I given *Apis* straightaway, after *Verat* had done its good work? Was it a mistake\* on my part? If I was wrong then it must mean that I was instrumental in delaying the final cure"

*Case No. 2.*—I was, on the 10th of Sept., called to see an old man of sixty, his complaint was, short, irritating cough, coming as if from the throat, aggravated on lying, thus preventing him from sleeping. The cough was also accompanied by hectic fever, 99° in the morning and 101°-102° at night. The duration of the cough and fever before starting the treatment was about ten days. Examination of his lungs showed plenty of choosing rhonchi and some moist rales all over both the lungs. Inspiration short, expiration long and laboured. Pulse 96 p. m., of good volume. Tongue coated whitish, the sides and the tip clean. *Has much thirst for cold water*, more so during the fever heat. Appetite poor. Stools irregular though normal. Always wants the windows open. Gets

\**Sulphur* is one of the remedies that follow well *Veratrum*, as given in Miller's Relationship of Remedies *Opium* & *Apis* do not come in that list. Similarly, *Apis* is one of the remedies that follow well *Sulphur*. Readers are requested to read carefully the article IX, 'REMEDY RELATIONSHIP' by Dr. Elezabeth Hubard, M. D., which will, presently, be published in the HOMŒOPATHIC HERALD. Relationship has to be controlled as nearly as possible by the principle of individual similarity of symptoms.—L. D. D.

sweat that relieves the fever but not the cough. Sweat more or less exhausting. For 12 days remedies like Hyos, Phos (given on the indication cough worse lying on left side) Ars., Sul., and Pul., all in the 30th potency, were tried without any effect whatever on either the cough or the fever.

On 22nd. Sept., *Tub. 200 one dose*. From the next day the fever left him, but the cough persisted with the same intensity, entailing increasing exhaustion and sleepless nights. Thirst, characteristic of his complaint so far, now left him, though he still wanted the windows open, all the time *Puls.* was now given in the 3rd. potency every two hours. *Two doses stopped his cough* and gave him the first restful night, he having slept continuously for six hours. Hereafter there was no cough and he made a very rapid recovery.

Here the question naturally arises "Why did he not respond to Pul. given so far back as 12th. Sept. Could it be that the suspected tubercular ground was coming in the way of a speedy cure?" This looks very probable, as after Tuberculin his fever disappeared and then even two doses of Puls, so low, quickly cured him.

*Case No. 3.*—Mrs. R. G. G. aet 28. Came to me on 22nd. June 1939 for the following complaint :—  
1. Lameness in the back and the lower extremities aggravated during the menstrual periods. 2. Sore aching pain over the whole body, more so in the right leg, which is for some months past, œdematous and heavy. The soreness and œdema get worse

during the periods. The swelling during the menses became red and so painful that she was unable to sleep., 4. Menses flow only for two days. It consists of clots on the first, red fluid on the second. 5. Heaviness of the whole body. 6. Feeling of numbness and creeping of ants over the arms and the legs. 7. Appetite fair. 8. Bad chronic constipation. 9. Vertigo near and by the heat of fire. 10. Obesity, on her first visit she weighed 140 lbs.

*Previous history* :—A mother of two children. The first labour was complicated with puerperal fever and breast abscesses, with which she was ill for over a month in the Nasik Civil Hospital. Only heroic allopathic treatment saved her life after a protracted illness. The case was repertorized with *Boger-Bonninghausen's Repertory* under the following headings :—

1. Obesity. 2. Constipation. 3. Scanty menstruation. 4. Menses of too short duration. 5. Heaviness of legs. 6. Swelling leg. 7. Lumber region and limbs. 8. Weakness. 9. Sense of lameness. 10. Bruised pain in inner parts. 11. Phlegmesia Alba. 12. Numbness. 13. Right side. 14. Itching and creeping. 15. Heaviness ext. and int. 16. Raising affected limb ameliorates. 17. Aggravation by exertion..... The following came up very high. *Calcarea* 51-15., *Sul.* 52-14., *Puls.* 49-14., *Lycopodium* 48-14., *Rhus tox* 46-13. and *Sepia* 39-13. On a closer study *Calcarea* was found to agree best and was given in the 200th potency, three doses two hourly, on 27th the June.

She improved all round for a while but relapsed on the 10th July.

13th Jul. *Calcarea* 200 three doses Improvement this time was faster than before. But the old symptoms came back in a week's time. 19th Jul. *Calcarea* 1 M.

She improved steadily, after this. The aggravation of the swelling during the menses was much less. 29th August, she has lost about 14 lbs, her weight now being 126 lbs. Feels lighter. But during her last period three days back, the pain in the swelling returned. *Calcarea* 1 M.

3rd Oct. Improvement all round. The bowels are working better. There is a feeling of more well being and the swelling is steadily going down. There has been practically no aggravation of pain in the legs and swelling during the last period. Further progress however seems to have stopped. *Calcarea* 1 M. again

It is expected that the patient would be completely well in time to come.

*Case No. 4.* Mr. A. aged 33 came to me on the 24th of June with the following complaint:—A very teasing, dry hacking and exhausting cough day and night. Even the slightest exertion aggravates the cough. The left lung on examination disclosed below the cardiac apex level, a horizontal patch with dry friction sounds. No fluid was detectable. Along with the cough the patient was running a hectic temperature, 99 in the morning, 101 at night. He took the old school treatment

for the last thirteen days and over, without the slightest relief either in the cough or the fever. On the contrary he was steadily going down the hill. Previous history of dry tubercular pleurisy some years ago was elicited.

24th June Bry. 30 three doses. four hourly.

25th „ Cough slightly better. Patient hower complains of stitch pains in the affected part, particurly after 2 a. m, *Kali Carb.* 30, three doses four hourly. All the rest the same.

26th June Stitch pains slightly better Rest the same. *Tuberculin* 200.

After this dose he went on improving, and from the 5th of July he became free from fever, The cough also much better and now he could sleep well.

7th July. The friction rub had gone much less, and the general health also had much improved. *Phos* 200. was given \* After this he rapidly regained his health. The following doses were given to him at intervals on the dates mentioned.

7th July. *Phos* 1 M. 6th August, *Tub.* 200. 15th August, *Phos* 10 M, repeated again on the 21st Sept.

5th Oct. He has regained his health appreciably. His weight is 126 lbs. ( his usual normal weight ). Eats well, sleeps well. works well. Has no cough whatever. Only a trace pleurisy now remains and

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\* Why ? The patient was improving & there is no indication for changing the prescription !—L. D. D



is expected to clear of itself, without any further medication.

*Case No. 5.* A girl, aged 12, was brought to me for an acute earache of the right side. The drum was red and the pains were so severe that the girl was constantly crying. She had also a little fever 100. She was thirstless and wanted the windows open. Puls 3, every two hours, cured her in 36 hours. The same kind of pain in the left ear, as also a little cough she developed a day or two later, were similarly relieved quickly by the same remedy, given every two hours.

*Case No. 6.* A small child, four months old, incessantly crying with some sort of pain, quieted only on being carried about; stools acid, green, watery. On examination the left ear was found to be inflamed. *Chamomilla* 30 every two hours stopped the ear-pains in a few doses and also brought the stools to normal.

*Case No. 7.* A gentlemen, 48 years old, had a small boil in the outer lower gum, rather making the patient uneasy. *Natr. Sul.* 6x. and *Sul.* 200, failed to give any relief. In the meanwhile the dentist who was consulted opened the abscess, which relieved the pain but left a sinus, giving out thick, green and somewhat foul pus, a bead at a time, only when pressed out. *Merc. Iod. Flav.* 6, in three doses completely stopped the pus and healed the sinus.

*Case No. 8.* My *Lyco.* patient—reported in my last year's paper, as having a tight waist-band-sen-

sation as the most distressing symptom, latterly developed a peculiar mental symptom, which was affecting his health for some time past. The symptom as expressed by the patient was "Fear of the crowd." After trying to probe deep into it, it was ascertained to be a fear of contracting disease from the crowd. Phos.\* was one of the drugs for such a condition. Its concordance with *Lyc.* the constitutional remedy is also very high in reference to mind, compared to other remedies. Therefore, a dose of Phos 200 was given more than two months ago. The patient is now 50% better, and it is hoped that another dose of the same remedy would complete the cure.

*Case No. 9.*—A young lady, recently married, was in a precarious condition. She indulged in dietary indiscretion, and consequently had a sudden diarrhoea and vomiting with the resultant exhaustion. The clean tongue and the persistent nausea that attended the chief complaint, determined the choice and a single dose of *Ipecac* 200, cured her within a couple of hours.

*Case No. 10.*—A burly fatty lady came to me with a very acutely painful whitlow of the right thumb. The swelling in the nail bed was very tender to touch and had a tendency to spread to the flesh of the thumb. The pus formation was not complete. An old school doctor advised an

\* *Lycopodium*, lacks in "Fear of disease, impending" Phos along with Kali c. are the two most important remedies for this condition.

an immediate operation. Being afraid of an operation, as many are, she sought my advice. Surprisingly enough, *Sul.* 200, three doses a day, for two days, cured her of her whitlow within a week.

*Case No. 11.*—A recently married young girl, of stunted growth, very puny and anæmic, took a vegetable laxative. A few hours later she suddenly developed alarming symptoms as follows: Temperature 101, choleraic motions—five or six had already been passed—when I saw her first—much vomiting and nausea. No thirst. Patient extremely nervous. Taking the irritative nature of the cause and the persistent nausea into consideration, *Ipecac* 200, three doses, two hourly, were given. At 2 p. m. the same day, an urgent call came from her. When I saw her, her pulse was very bad, 140 p. m. She had very frequent attacks of precordial distress and was complaining of bad unbearable cramps in the fingers and toes. By this time, however, she had stopped getting motions and vomits. The extreme restlessness and anxiety, mental and physical, that now characterised the case, fixed the choice of the remedy and a dose of *Ars. a.* 200, was given. In twenty minutes the precordial distress disappeared and another dose, an hour later, completely stopped the cramps also. At 5 p. m. the girl was well enough to take a stroll in the compound of her house.

*Case No. 12.*—A young child, 15 months old, was recently brought to me for a limp in her right lower extremity. On examination, all the joints and the muscles were found to be quite

painless thus excluding the possibility of either a fracture, a dislocation, or an acute sprain. There was no inflammation detectable anywhere in the affected limb. Her gait was definitely limping. The only suspicion was that she must have had some sprain of a very mild nature, while playing with her elder brother, for all of a sudden she left the play and started crying. Relying on this hypothetical history, *Rhus tox.* 30, three doses were given every two hours which cured her in three days.

*Case No. 13.*—An old lady, a widow, age 50 came to me on the 4th of June with the following symptoms :— Lower extremities feel sore and bruised, right knee joint, in particular, very painful. Pain in the right ankle better by rest. The starting point of the pains were the hip joints. Has to go for a stool, three or four times a day, even then does not feel happy. Sensation of heat all the body over, in the evening, after 4 p. m., aggravated at night. Palpitation, with pains in the legs. Sleep, very disturbed and unrefreshing. Appetite poor. Menses, irregular during the last two years, and are accompanied by palpitation and gone sensation. Duration of these complaints, five years. No relative or exciting cause for the complaints known. Bleeding from piles after spicy and pungent food. Attacks of biliousness, now and then. Sometimes a burning sensation in the stomach and bitter eructations. Obesity. Varicose veins, on the right calf.

Sepia was her remedy. It was given as follows:—

4th May, three doses of thirty.

8th May, three doses of two hundred.

20th May, repeated 200, three doses. The patient felt complete relief and left for her native place.

—O—

### A Vain Subject.\*

[ Alfred Pulford, M. D. ]

We are much interested in morphology, but from the opposite viewpoint. Our work lies mostly in old, chronic inherited, and so-called incurable troubles cast off by the other fellow. We have watched stunted children grow up as nearly perfect as it is possible for a human being to be, we have seen hump backs and large abdomens disappear. For instance, we watched a ten-years old girl whose parents could not speak a word of English and whose history and complete list of symptoms were limited to the mere pointing of a finger to a huge goitre, as large as two good sized fists, protruding out beyond her chin. She was stunted, out of shape, humped over, looked like an imbecile and acted like one. Such a morphological condition would, at first glance, suggest *Baryta carb*, and it was given her on that morphological indication, for over a year but without result of any kind. Later she came with an interpreter and gave symptoms which indicated, not *Baryta carb*., but *Kali iodatum*. This acted promptly and started the restoration to normal, the goitre disappeared, the intellect developed, the body became symmetrical

\*The caption is ours—Ed.

and today she is a rather good looking and intelligent girl. A child all out of shape, face like a pumpkin, tongue sticking out all the time, noticed nothing and appeared like a deformed idiot. She now walks and talks, nothing escapes her notice and she is growing up symmetrically and rather good looking. As space forbids more, we will just speak of a very interesting case of congenital varicosis of the neck, rather of the jugular vein, which bunched out as large as a hen's egg. The entire left face and left ear were purple in colour and looked as if they had been shot full of gunpowder. All of this cleared up with a single remedy, indicated by the symptoms.

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It would, indeed, be valuable if we could only know *accurately* the cause and origin of disease. MORPHOLOGY is an important subject, but not so important and vital as to disqualify from practising the physician who does not give it precedence over the much despised symptoms. Here let us digress, yet to the point. Suppose we have a case of diarrhoea caused by hot weather. For this condition the repertory gives 44 different remedies among which is *Croton tiglium*. From the cause alone without the much despised symptoms to qualify, which of these 44 remedies shall we give for a given case? If on the other hand we have a yellow watery stool, coming out like a shot, worse after eating or drinking, *Croton tig.* will cure that case promptly and effectively, irrespective of a knowledge of either its cause or the morphological architecture or other defects of the patient. Now which in that case is the more important? Supposing we knew just exactly what it was that caused *Bryonia* to be indicated in one form of pneumonia, and *Phosphorus* in another, would it change the indications of either one? Are we to wait for a *post mortem* to find just what structural changes have taken place? Fine of the victim!

“That no helping hand is given to the growing child that he may reach a normal maturity ; that he is permitted to go from one stage to another unaided, or that such aid as is given is likely to be futile if not actually injurious”—may be true of some homœopaths but if you are speaking of a Hahnemannian homœopath it is absolutely false, as we can truthfully testify. We here make bold assertion that no one but a Hahnemannian homœopath can radically and constitutionally correct the morphologically defective infant, either before or after birth. The forcible and physiological reduction of the morphologically changed body has no effect whatever in removing the predisposition thereto either in the born and unborn child. Temporarily and perhaps rapidly you may produce an observable and spectacular result, but, you have *not* removed a submerged cause !

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There is an invisible state which brings about these morphological changes, and it is that after they become once set they are difficult to change, but the changes alone can never point the way to the correct remedy, neither can they materially affect the final action of the correctly chosen remedy.

*Excerpted from —*  
The Homœopathic Recorder,  
Vol XLIV, No 12

## RELATA REFERO.

The 185th. Birthday anniversary of Samuel Friedrich Hahnemann was commemorated under the auspices of The Bengal Homœopathic Institute at the Indian Association for the Cultivation of Science, on April 10. The right Hon'ble Lord Sinha of Raipur presided.

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The Calcutta Homœopathic Hospital Society solemnised Hahnemann's 185th. Birthday Kumar Bishnu Prasad Roy presided.

\* \* \*

Dacca did not lag behind. Under the auspices of the Dacca Homœopathic Association, the Master's Birthday was duly observed at the Bar Association Hall. The function was presided over by Prof. Rish Bihari Basu. The guests were treated to tea and light refreshment.

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Even on such a sublime occasion the Homœopathy of Calcutta could not shed its separatist complex this year also. Large, medium and small size meetings were held at various places which helped to requite eagerness of enthusiasts to come to the fore with the convening and presiding spirit. Life is short and so it is difficult to sue patience for an opportunity to present itself at an unknown future. And, in a big gathering one is not sure to get to his turn to open his mouth and display his florid harangue. Wiser indeed to form a mutual admiration society and satisfy one's importance-hunger.

\* \* \*

Barisal—the martial district of Bengal—is going to have a medical school as soon as possible. It was so decided at the meeting held at Albert Hall on Thursday, April 11, presided over by the Hon'ble Mr. Fazlul Huq, Chief Minister of Bengal, who promised a personal donation of Rs. 10000/- to initiate and encourage public subscriptions. Out of an estimated expen-



diture of 3 lakhs of rupees, one lakh would have to be raised from the public. Perhaps this indicates that the balance of two lakhs will be granted from the Government exchequer.

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A second thought over this scheme will reveal that it should be a Homœopathic Medical school. The funds in contemplation will enable the committee to annex a magnificent Homœopathic Hospital the running expenses whereof will be fifty percent less than that of the spectacular system of treatment of the other school of medicine, and yet Homœopathy is more effective.

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Calcutta kept itself lively for two days with the sixth session of the **All-Bengal Public Health Conference** held at the Calcutta Medical Club House, on Saturday and Sunday, April 13 and 14. The Hon'ble Minister of Public Health opened the Conference and Lt. Col. A. C. Chatterji, I M.S., Director of Public Health, presided.

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Dr. Sundari Mohan Das, the oldest and seniormost obstetrician and gynecologist of Bengal, presiding over the Maternity and Child Welfare section, delivered an address full of wisdom and practical value. In course of his speech he observed: "For the efficient training of Lady Health Visitors fit for social service in Bengal homes, the Sir John Anderson School for Health has been started by the Red Cross Society and a standardized syllabus has been fixed. The scheme, if successful and the atmosphere congenial and attractive to Indian ladies, will solve the most important problem—that of unemployment among our educated ladies who overcrowd the Education department. The present rate of pay of Lady Health Visitors ranges from 75/- to Rs 120 - per mensem. She is entitled to free furnished quarters and a month's holiday with pay per annum."

A little training in Homœopathic therapeutics will certainly make the lady health visitors very much more useful to the society and the class of people amongst whom they are to work.

Any of the first rate Homœopathic colleges will not grudge admitting them free and training them without fee.

\* \* \* \*

Another vital problem of the day is the *Moral and Social Hygiene*. At the annual general meeting of the Association for Moral and Social Hygiene in India, held on April 3, at the Viceroy's House, New Delhi, Her Excellency Lady Linlithgow in course of her speech observed : "I am all in favour of the teaching of social service, hygiene, and domestic science in the schools, but I think the teaching of matters commonly associated with sex requires very careful handling. So much depends on the personality of the teacher, and unless the pupil feels that the teacher is in sympathy with the weaknesses to which the flesh is heir, and can through this very sympathy appeal to all that is best in themselves, they might do more harm than good. I cannot quite visualize the possibility of teaching these matters to a class. There must always be some rebels amongst them, and the derision of few of their friends and contemporaries would have far more effect on the majority than the teaching and worldly wisdom of their teachers."

\* \* \*

We are in complete agreement with this opinion of Her Excellency. Associations and medical officialdom, in their unrestricted zeal, scarcely visualize the *cons* and hold fast only to the *pros* of a scheme.

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The problem of social hygiene was hit upon also by the Director of Public Health, Bengal, in course of his presidential address at the sixth session of the All Bengal Public Health Conference, on April 13. He gave three salient features about the danger of the social diseases and six potent reasons for the increased spread of the diseases in this country. As one of the remedies for social evils he said that "It is up to society to evolve such social conditions that the chances for temptation are minimised as far as possible. For example, the bonds of the family should be strengthened ; young men and women should

"be encouraged to marry and the community should help them to establish a home and bring up a family. Economic dependence and difficulties play an important role in compelling persons to succumb to temptation."

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Yes, marriage is a great panacea of many a social danger, and young men and women should be encouraged to marry. But, with young men and women of today, life's outlook is judged by the standard of life exhibited all around them, and they want to deduce a *via media* and adopt it. And, when they face economic crisis in their daily existence which eclipse all hopes and even any attraction to life itself, they revolt against marriage and adopt desperate living. They need practical encouragement to marry, to establish a home, to bring up a family.

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The Homœopathic charitable dispensary of the Marwari Relief Society, Calcutta, treated 3257 cases during the month of March last.

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We compliment Dr. D. N. De for his having received an annual grant of Rupees one thousand from the Corporation of Calcutta for the Dunham Homœopathic College-Hospital. This amount of money should enable the Hospital to liquidate the debt it owes to the College department. We understand that this Hospital is going to make further extension of its female ward. We hope the management will immediately add to its maternity ward.

"*Observateur.*"

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MARK

A laboratory has to fight hard to establish its name and fame. But the name of **M Bhattacharyya & Co.**, of Calcutta, the proprietors of the laboratory, is so well-known to the medical profession as well as laymen for their integrity and high standard, that it is hardly necessary to do anything more than remind them of their unimpeachable reputation for quality, ranging over half a century. So, it would be, we hope, no impertinence if we say that the **Standard Homœo. Laboratory** should not be judged like other concerns that have no tradition to fall back on.

This laboratory was started for supplying fresh and genuine **Indian Tinctures, Biochemic & Homœopathic Triturations and Tablets** to the market which had been infested with spurious products of all description. A new item as important as **Globules** has of late been added to the line—a land-mark of progress in the history of *Homœopathic manufacture in India*.

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We offer our sincere thanks to our numerous patrons for their steady support to **M Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions

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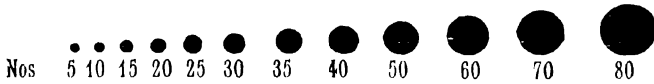
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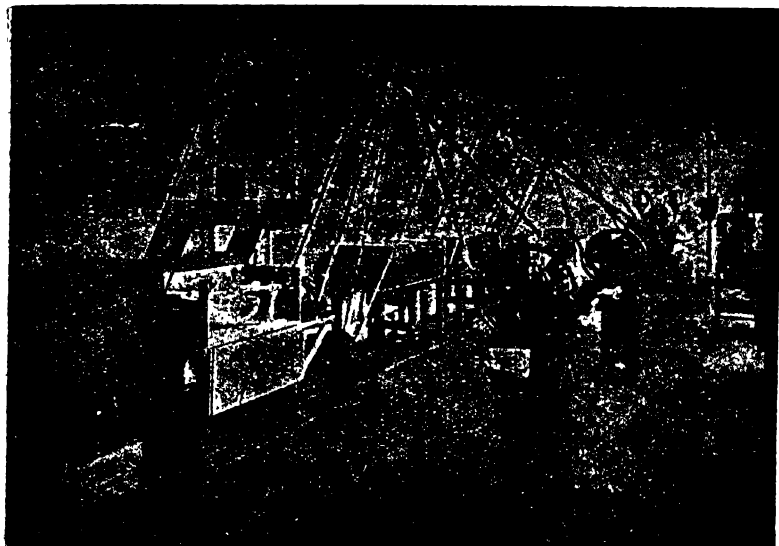
It was we who pioneered the sale of Homœopathic drugs in India at the lowest prices consistent with genuineness. Our remarkable prosperity in business inspite of a drastic reduction in price, incited jealousy in others in our line and they began to carry on mischievous propoganda far and near so as to imbue the minds of our simple-hearted customers with misgivings as to the efficacy and genuineness of our drugs. But, thank God! We have stood the test, and those mean efforts have proved futile, and truth has its triumph at last. The cheapness of price combined with efficacy, has contributed a great deal to the extreme popularity of our drugs with all classes of people in India and Burina.

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All sorts of business of our firm are conducted neatly and faithfully under the direct supervision of a number of educated men including graduates in arts, science and medicine. We give our workers a thorough training and carry them through business from the lowest rung of the ladder and do not entertain the services of any one from any other firm, while others are eager to employ workers of our own training whenever they find an opportunity.

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*A side view of our Biochemic department*

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Plain Tablets	...	...	...	...	...	...	...	2/12

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2x, 3x, 6x, 12x, & 30x.	-1/9	-3/-	-5/-	-8/-	-12/-	-14/-	-2/-	3/4
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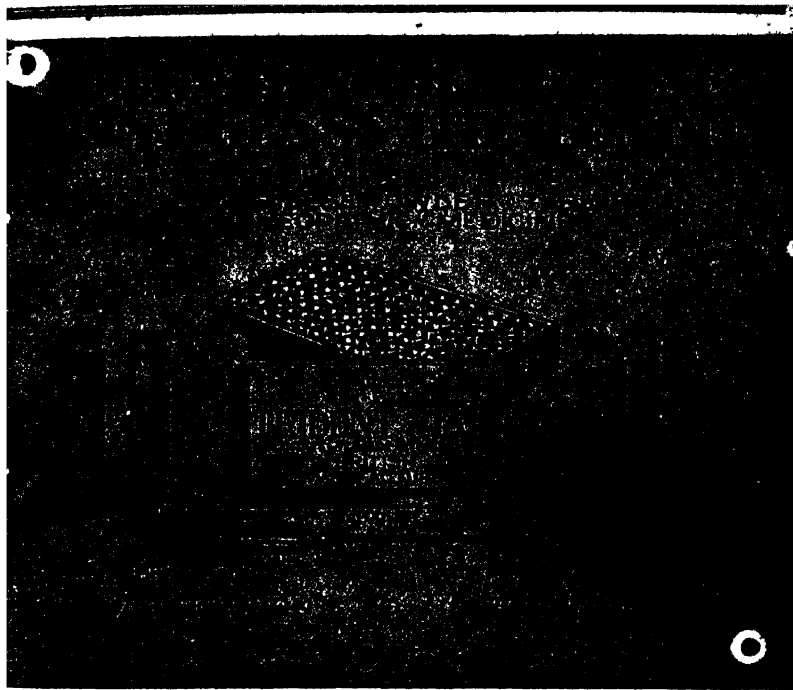
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# THE HOMŒOPATHIC HERALD.

Vol. III.

JUNE, 1940.

No. 4.

## Editorial

### HANGING IN THE BALANCE.

The events and halts marking the progress of the Homœopathic Medical Faculty of Bengal are etching a chequered career for it. As far back as in the year 1937, Mr. P. Banerji, M. L. A., introduced the Bill in the Bengal Legislative Assembly. Hopes rose uppermost in the hearts of the Homœopathic Medical practitioners of Bengal that it would be enacted without much dalliance. The Assembly was prorogued on April 8, 1938, without fulfilling those expectations. Meanwhile the Corporation of Calcutta, to whom reference was made by the Government for opinion, approved of the Bill by a resolution dated March 23, 1938. Now, after a period of lull and quiet Mr. Banerji moved in the Bengal Legislative Assembly for referring the Bengal Homœopathic Medical Faculty Bill, 1937, to a select committee; and on August 23, 1938, the Hon'ble Mr. H. S. Suhrawardy, the then Minister of Health, asking the mover to withdraw

his motion, declared that the Government proposed to establish by *an administrative order* a Homœopathic Faculty. This heavenly proposal, however, never materialised and we wonder if the mighty medical trade union intrigued to raise an obstacle in the way, too impregnable for the benign Ministry. The portfolios of the Cabinet were in the meantime shuffled and the Hon'ble Mr. Tami-zuddin Khan took over the Medical and Public Health Department. We forthwith referred to the declaration made by his predecessor for the promulgation of the Faculty by an administrative order, and hoped that this most precious benediction will be his first gift to the province on his assumption of the Public health and Medical portfolio. We failed to break the ice, and Bengal's Homœopathy had only to bear the deadly chilliness of reticence.

Then dawned the vivacious and blissful 9th day of February 1939 when the Hon'ble Mr. Tami-zuddin Khan informed the Bengal Legislative Assembly that a General Council of State Faculty of Ayurvedic Medicine has been established with a view to regularising practice and teaching and to the furtherance of the system of treatment, and that a similar General Council and Faculty is proposed to be established for the Unani system of treatment. Homœopathy stood ostracized !

In early March 1939, on the occasion of the Budget discussion, the Hon'ble Minister, in reply to Mr. P. Banerji, M. L. A., informed the House that the Government had decided to establish a Faculty

of Unani system of Medicine and very soon a conference would be convened for the purpose of settling the statute for the proposed Faculty ; and as soon as this was done the Faculty of Unani system of Medicine would be established, and a similar conference would be convened also to consider the question of Homœopathy. On July 11, 1939, the Committee appointed by the Government of Bengal to consider the draft statutes for the proposed General Council and State Faculty of Unani Medicine, met at Writers' Buildings and discussed the draft statutes and the members of the Committee registered donations as well. On the contrary, the activities or inactivities of the holy Committee of Sixteen that come into existence to take the ante-natal care of the Homœopathic Medical Faculty were strictly kept beyond the unholy knowledge of the public, even to this day none of the individual members of that Committee of Sixteen has come out with a public statement, apparently for being not permitted to do so. And thus closed the year 1939.

With hopes, founded on a strong interest in believing, Bengal's Homœopathy religiously welcomed the year 1940. And when above its utmost hopes, the Hon'ble Nawab Bahadur of Dacca announced on March 14, that a Homœopathic Faculty was going to be established *very soon*, and that a large sum of money had been collected and the Faculty was going to be established *within a few weeks*, the province verily went into ecstasy. The medical trade union may try to explain it away as

an unintentional pronouncement uttered at an unguarded moment, and may cite the Hon'ble Mr. Suhrawardy's proposal for an administrative order as precedent. But we intuitively feel that the Ministry mean business this time and will not allow any unscientific and savage opposition, which Homœopathy has long been uncountering, to have an upper hand with its superstition and prejudice. Many a few weeks have passed away since the memorable 14th March, and the kindling anxiety of Bengal's homœopathic practitioners now threatens to take insupportable proportions. Plain negation would have been more bearable than this blinking suspense.

—()—

“Bone-setters make fortune under the very noses of our greatest surgeons from educated and wealthy patients ; and some of the most successful doctors on the register use quite heretical methods of treating disease, and have qualified themselves solely for convenience.”

—G Bernard Shaw.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT, M. D.

## IV.

### KNOW THE REMEDIES

Theoretically any substance or force may become a homœopathic remedy. In a large number of instances of so called physiologically inert substances in the crude state varying degrees of potentization are necessary to bring out the remedial powers. At present no complete list of all homœopathic remedies exists. At a rough guess some two or three thousand remedies are in use and new ones are continually being developed. Only relatively small number of these are thoroughly proved according to the Hahnemannian standard, and but few according to a modern scientific homœopathic standard. The remedies in accepted use are divided for convenience into certain groups as follows :

- (1) Mineral remedies, including elements, metals, compounds, salts, etc.
- (2) Vegetable remedies.
- (3) Animal remedies.
- (4) The nosodes, which are remedies derived from morbid tissues and secretions.
- (5) Sarcodes, which are remedies prepared from healthy animal tissues and secretions, such as *Uric Acid* and *Thyro-Iodine*. This also includes endocrine remedies.
- (6) Imponderabilia, which include positive and negative magnetic force, electricity, sun force, etc.



The information about these remedies is obtained from the following sources: From provings, which means experimentation on the relatively healthy; from toxicology, which contributes the extreme symptoms and in part of pathology; from experimentation on animals, organs and tissues in the laboratory; from clinical verification of symptoms by cure; from clinical appearance of remedy symptoms during medication; and from human pathology which has been cured. The main classical source of the knowledge of remedies is, of course, the proving. The subject of how to make correct provings and standardize them is an important one, but it does not come in under this elementary course.

Now we come to actual methods for acquiring and retaining the general picture and detailed knowledge of this bevy of remedies. This is no simple task as anyone reading the proving of a polychrest, such as *Calcarea*, will realize. No mind can retain such a mass of symptoms which often seem unrelated and contradictory. *One must learn how to study a remedy.*

The most important thing to get in the study of a remedy is the feel of it. The essence of homœopathy being individualization, and each well proved drug having a definite personality, the student must get acquainted with the different remedies in the materia medica as if they were friends. He must be able to recognize them from partial expressions even when he cannot see the whole picture, as he would know a well-known

person in a group across the room. Experts in prescribing are so saturated with the remedies they can often choose them intuitively and although this is dangerous to the beginner it should be the goal of all,

We suggest the following plan for systematic remedy study :

For those who do not contact humans in this way, and indeed for all the first, the study of a remedy must begin with a knowledge of its mentals. The innermost of man being the most important, the psychic characteristics and peculiarities of each remedy individual must be thoroughly mastered. You could not conceive of giving *Sulphur* as a chronic remedy to a woman in whose linen closet the towels and napery were tied neatly with rose-coloured ribbon, You would not give *Phosphorus* to one who was abnormally modest, nor *Arsenicum* to a sloven. Unfortunately many of our remedies have not a fully-developed proving of mental symptoms, but where these exist they are of prime importance.

Many more drugs have clearly marked modalities, in other words aggravation from or amelioration by, meteorological conditions and such things as motion, heat, jar, touch, position, classes of foods or special substances, etc. The marked desires and aversions, aggravations and ameliorations should become etched on the mind of the student, both those which affect the personality as a whole, and those, often agreeing but sometimes contradictory, which modify the affected part.

Of particular importance, in the knowledge of materia medica, and often difficult to find in books, are the causations of disease typical of the different remedies. These may be mental or general. The student should pay particular attention to the symptoms of ailments from emotion (such as mortification in *Staphysagria* ; anger in *Chamomilla*, *Colocynth*, *Nux. vomica* ; grief in *Ignatia* ; fright in *Aconite*, etc.) and also to ailments from injury (*Arnica*, *Natrium Sulph.*). Ailments from suppressed discharges are of paramount importance, whether they be from mucous membranes, such as leucorrhœa, etc., or from the skin as in the case of perspiration or eruptions, or from operations which close nature's vents, such as fistulæ or hæmorrhoids. The fourth important variety of causation is that due to chilling of various kinds, non-mechanical dietary indiscretions, etc., these being applicable more frequently in acute diseases.

When the student has mastered these various points about the remedy he would study the localities of the body to which the remedy especially applies, and make a chart of a figure with the vulnerable points of the remedy suitably drawn in. In this connection he would do well to make a diagram of the tongue, its condition often being characteristic and giving valuable hints for prescribing. He may also make drawings of different parts of the body such as the eyes, representing the various conditions in those organs cured by the remedy. These schemata aid memory by visualization. Not only the organ influenced by a remedy

should be learned, but also the tissues, as for instance that *Bryonia* is suitable to inflammation of serous membranes, where *Belladonna* is rarely so.

The student should then pick out from among the welter of particular symptoms those which are "strange, rare, and peculiar", the so-called "key-notes" of the remedy, and have these at his fingers' ends as signposts to point the way to further study. In this connection he should pick out similes from literature (such as the analogy between the precocious *Lycopodium* child and Paul Dombey) and expressive epithets such as "mince-pie fiend"—*Carbo veg.*, The "human barometer"—*Rhus tox.*, "gloomy Gus"—*Natrium carb.*, "the false, ragged philosopher"—*Sulphur*.

He should pay especial attention to the pictures of acute disease in chronic remedies and to the different types of chronic personality in each remedy.

He should get clearly in mind the important details relating to the bodily functions such as menstruation, pregnancy, digestion, sleep and excretion whether by skin, bowels or urinary tract.

He should make a remedy clock, a diagram showing the time of general aggravation and special aggravations of the remedy in question.

Picking out the alternating conditions and the concomitant conditions, and keeping them clearly in mind is of great help, although rarely done. (The second edition of Kent's Repertory has a separate heading for alternations, which, in the

third edition, are sprinkled through the book). It will be very helpful to the beginner to make a note of them in contradictions in symptoms in each remedy and to think through why this should be so.

By this time the student is in a position to note, without danger of being unduly influenced by pathology, the different "diseases" in which the remedy under study is especially useful; and after thoroughly mastering polychrests he should go back and compare their action in each of the diseases. Very little has been written anywhere about comparisons between the physiological action of drugs and their homœopathic action, but in the study of each remedy its pharmacology and uses in regular medicine should be looked up and compared. Useful hints and analogies are often forthcoming.

The student should correlate the homœopathic remedy picture with endocrinology, metabolic tests and morphology.

Study one polychrest each week, beginning with relatively easy ones such as *Aconite*, *Belladonna*, *Bryonia*, and then, when the habit of assimilating the remedy is acquired, tackle the essential drugs, such as *Sulphur*, *Calcarea*, *Silica*, *Phosphorus*, etc.

Each remedy should be studied in the least ten different books so as to allow for the refractions of the personalities of the different authors. No human being sees all aspects of another individual or of a drug. A composite picture is necessary to

completeness. We would recommend the following books for study in the order mentioned :

Kent's *Materia Medica*, which, though informal in style, gives a compelling and permeating picture of the remedies.

Nash's *Leaders*, a dangerous books if used alone, but stimulating and comprehensive.

Allen's *Keynotes*, in a class with the above.

Clark's *Dictionary of Materia Medica*, not the symptoms of the provings themselves, but the "characteristics" which give interesting varied information and sparse salient features.

Hering's *Guiding Symptoms*, with especial attention to the symptoms with heavy and double heavy marks, this being the most solid and practicable of all our materia medicas, although it does not give the picturesque individuality of the drugs as Kent does.

Dunham's *Lectures on Materia Medica*, very lucid.

Hahnemann's *Materia Medica Pura*, the prime source of the subject, placed late on the list because of the mass of symptoms.

Teste's *Materia Medica*, giving suggestive groupings of the remedies, a unique book.

Allen's *Encyclopædia of the Materia Medica*, difficult reading because of the mass of material, but invaluable.

Jahr's *Manual*, which has many symptoms not to be found elsewhere.

When the nosodes are studied, H. C. Allen's *Materia Medica of the Nosode* should be added, and for unusual remedies Kent's *Lesser Writings*, Hale's *New Remedies*, and Anshutz's *New, Old and Forgotten Remedies*. For those who read German, Stauffer's *Homöopathische Arzneimittellehre*, as yet untranslated, is a classic,

The student should also read Farrington's *Clinical Materia Medica*, although it is confusing, and Hughe's *Manual*, or better his *Cyclopaedia of Drug Pathogenesis*. Cowperthwaite's *Materia Medica*, Pierce's *Plain Talks on Materia Medica with comparisons*, Woodbury's little *Materia Medica for nurses*, Rabe's *Therapeutics*, and Böger's *Synoptic Key*.

The student would do well before finishing his study to outline the emergency uses of each of the remedies and commit them to memory.

As a check to his study he can take the Kent *Repertory* and run through for the rubrics in which the remedy he is studying appears in the third (highest) degree,

If the student will follow this outline and get the habit of recognizing remedy types in street cars, at meetings, wherever he may be, his knowledge will be solid and broad, and his time saved.

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The Homoeopathic Recorder.  
Vol XV No 6,

## CLINICAL CASES\*

S. R. Naik, L.M.S. (NTL.), L.M.P. (CAL.), Bombay.

### *Case No. 1.*

Mrs. J., age, 40. Dragging pain in the spine, aggravated by pressure. Mouth, foul, loss of appetite; constipation. Pain in sternal region; cough, dry, worse by warm drinks. Throat, inflamed, worse after sleep and at night. Sleep, disturbed. Menses, scanty. Cured after four month's *Sulphur* treatment, given in gradually increasing potencies, from 30 to 10m.

### *Case No. 2.*

Mr. B. D. Civil engineer, age 45. Mouth, throat and cheeks sore. Sensations, hard palate, ameliorated by warm drinks. Heaviness and pain, in the left upper abdomen, worse after eating in full; loss of appetite; noisy flatulence in abdomen; stools, insufficient. Pain, dull in the upper eyelids and temples, worse by light and reading. Drowsy, awakens early in the morning; sleepy, in the afternoons. Pain, lumber region, worse on stooping. *Sulphur*, 30, cured him of all his symptoms. But severe itching ushered in, which lasted for a fortnight and disappeared without any further treatment.

\* Paper read at the monthly clinical meeting of the Homoeopathic Post-Graduate Association, Bombay, on the 2nd October, 1939.



*Case No. 3.*

Mr. S. A. P. Suffering from paratyphoid ; high fever, before noon and in the evening ; feels better by uncovering, likes open air. Pain, all over the body, better by pressure. Swallowing; difficult ; thirsty for warm drinks. Stools, watery, particularly in the early morning. Urine, scanty, burning during micturition. Cough dry, at night, aggravated by lying on back. Sleep, very unsatisfactory, with anxious dreams. Prostration ; anxiety. Abuse of quinine. Repertorized with Therapeutic Packet-Book. Ars. 66 ; Lach. 57, (lacking in ameliorated by pressure.) Merc. 63 . Nux v. 66 ; Rhus Tox., lacks in abuse of quinine (Sul. ? ) Ars. alb. 30, was given without \* relief. Sulphur, 30, in three doses was given early in the morning, with some relief. Two days after, *Sulphur*, 200, one dose was given, which relieved him of his symptoms to a very great extent but was followed by urticaria Sterilized coconut oil only was used to allay the irritation for about a week. He afterwards made an uneventful recovery without any further medication,

*Case No. 4.*

Miss. V. L. K. Age, 8 years. Sudden convulsive movements of left leg, treated by her family physician, for a long time, without effect ; tonsils removed under his advice, but the condition continued same. Referred to me, for homœopathic treatment.

\* The Fundamental mistake here has been in the failure to distinguish between the *numerical totality* and the *related or logical totality*—L. D. D.

Symptoms recorded by me : sudden, convulsive, involuntary movements of left leg ; heaviness in tendo achilis ; coldness, left leg ; pain in the left side of the back, during convulsions. White spots on cheeks and legs. Thirsty, specially after midnight ; salivation ; grinding of teeth in sleep ; stools bloody. Tendency to catch cold, watery discharge from nose. Feels better by uncovering, likes open air. Santonine given with effect, one or two round worms were passed.

Merc. sol. 30, was given without any effect. Improvement set in under *Sulphur* 30, administered on 20-3-39 ; this was followed by *Sulphur*, 200, on 5-4-39, and *Sulphur*, 1000, on 16-5-39, with good effect. White spots on cheeks and legs disappeared.

*Case No. 5.*

Baby. K. Age, 2 years. Suffering from continuous high fever for a fortnight. A week's allopathic treatment without effect. Symptoms recorded : Rickets, pot bellied and large headed ; spine, curved ; fever, high, thirsty ; liver. enlarged ; tongue, coated yellowish ; better, uncovering ; fever worse in the afternoon. Stools, white. Micturition frequent. Sleepless. *Phos.* 30, aggravated all his symptoms and convulsions set in. *Calcareo carb.* 30, relieved him of all his troubles. *Calc. carb.* antidotes Phosphorus.

*Case No. 6.*

A child, male, age, 5 years, from Ratnagiri ; suffering from dysentery, for four months, inspite of half a dozen injections of emetine and the usual

allopathic treatment in addition. Ayurvedic treatment improved the condition only to a slight extent. Referred to me by his uncle as his son was cured by me homœopathically.

Symptoms recorded : Stools, slime with blood, 15 to 20 times a day, more frequent in the night; griping ; prolapse of the anus ; desire : eats lime, likes pungent food ; mouth, sore ; loss of appetite ; thirsty ; liver enlarged ; pot bellied ; passes thread and round worms. Anæmic, feverish, weak, feels better by uncovering, likes open air, large headed, rickety. Made complete recovery in four months, under *Calcarea carb.*, 30 and 200, two doses each, at infrequent intervals.

*Case No. 7.*

Mrs. T., age, 45. Painful swelling of legs. Vertigo, on rising Dragging pain in the joints of the lower extremities, worse on descending. Obesity. Thirsty, loss of appetite, constipated, feels better after eructations and after passing flatus. Sleep, disturbed. Menses, scanty. Worse in cold air and getting wet. Better in open air and by uncovering, worse after waking. *Pulsatilla* and *Sulphur* were given from 30 to 1000 potencies without effect. Improved under *Calcarea carb.*, 30.

*Case No. 8.*

Mrs. N. G. Age, 22. Appetite nil, but ravenous hunger. Menses, irregular, in clots, black ; weakness, before and during menses. Bitter and sour vomiting ; constipation, stools, hard. Heaviness in abdomen. Face, pale. SKIN : falling of

hair ; white spot on face ; dryness. Sleepy in the afternoon. Better by uncovering and open air. *Sepia*, 30, gave her relief.

*Case No. 9.*

Mr. L. — Pain in the chest, with thick expectoration, streaked with blood. Fever, afternoon and evening, with sleepiness ; thirstless. Taste, insipid · loss of appetite. Seminal emissions, during micturition. Amorous dreams. Legs, cold in the morning. Better, by covering. Worse, by pressure, by lying on back, by motion, by touch. *Sepia*, 30, improved him.

*Case No. 10.*

Mrs. M. Age, 40 Lump, in the lower right side of the abdomen. Duration, nearly a year. Pain in abdomen, particularly in the morning and after midnight. Stools, insufficient. Mouth, foul ; no thirst ; teeth, loose. Urine, scanty. Sweat, on upper of the body. Sleeps in the afternoon ; night, wakes at 3 a. m. Worse, on exertion ; better by uncovering and open air. Menses, late and scanty. Eyes, agglutinated. *Sepia*, 30, in unitary doses, for three days, relieved her of pain in abdomen and the lump disappeared after 10 days. This was followed by general improvement.

*Case No. 11.*

Mrs. P. — T. B. lung. Cough with expectoration. Dull pain, in between the scapulæ, worse by sitting, by becoming cold. Fever, worse fore-

noon and afternoon, Cramps in calves. Better by lying on back. Moist eruption, on right toe, desquamation. Nose, watery, better by warm application. Pain in forehead, worse evening and forepart of night. *Sepia* 30, and *Tuberculinum*, 30, at week's interval improved her considerably.



## DROPSY OR OEDEMA

D. C. Das Gupta, M. B. (CAL UNIV.)

Dropsy is chronic effusion of fluid into the serous cavity. It is the distention of the interstices of the tissues by a clear watery slightly albuminous fluid, closely resembling blood-plasma in composition. Provision is made for its removal from the tissues, after it has fulfilled its purpose, through the lymphatic vessels, which begin as mere clefts and gradually develop into larger and larger vessels, so as to provide a system of tissue drainage. Under normal conditions there is a physiologic balance between the circulation of blood and the lymph, so that no more fluid exudes into the tissue than it needs; but in diseased conditions this balance is frequently disturbed and the amount of transudate increases in such a manner as to cause the tissue to become distended. This condition is known as dropsy.

Various explanations have been given of the causation of œdema. One of the earliest was that

it was due to hydræmia from retention of water which the kidney could not excrete. But marked hydræmia may occur without œdema, and even total anuria need not cause dropsy. The next hypothesis was that the capillary endothelium was damaged by toxins and, therefore, became unduly permeable. But it has been shown experimentally that such damage actually hinders the passage of fluid from the blood to the tissues. There is more in favour of Widal's view that defective elimination of salt by the kidney leads to accumulation of water by raising the osmotic pressure of the tissues. The chief difficulty in this view is that salt retention does not always cause œdema. This discrepancy has been explained by the view that the chlorides may be free or in combination, and that only the former increases osmotic pressure. There is, however, no evidence of this differential behavior of chlorides. M'Lean and Russel point out that if water is not eliminated its retention would lower salt concentration, which would lead to retention of salt until the balance was restored. It is obvious, therefore, that the same effect will be produced whether the primary defect in the kidney relates to elimination of salt or water. Yet another explanation that has been advanced is that of Martin Fischer—that there is an acidosis which increases the permeability of the tissues; but this has not been confirmed. An important advance was made when Epstein showed that a feature peculiar to chronic Parenchymatous Nephritis was a great reduction in the protein content of the blood

and exudates, almost entirely affecting the albumin, so that the amount of globulin is always increased relatively and sometimes absolutely. In chronic Interstitial Nephritis, on the other hand, while the residual Nitrogen fluctuates considerably, there is no change in the protein composition of the serum. In chronic Parenchymatous Nephritis the daily drain on the protein may even amount to 10 per cent of the total protein in the blood. This causes a fall in the osmotic pressure of the blood, giving the tissues the controlling power to absorb and retain fluid. In support of this view it may be mentioned that the œdema produced in perfusion experiments with normal saline or Riger's solution is prevented by the addition to the perfusing fluid of colloids which are in osmotic equilibrium with the colloids of the lymph and tissues. Salt retention and protein depletion are probably the most important causes of œdema in Nephritis; in different cases either may be the predominant factor.

From the pathological point of view the causes of œdema may result from three different conditions :—

- I. Increased transudation from the blood.
- II. Impeded removal of fluid from the tissues.
- III. Changes in the chemical composition of tissue juices.

INCREASED TRANSUDATION FROM BLOOD, may be caused by :—

(a) Hyperæmia — Active hyperæmia causes œdema because of the increased blood-pressure and

associated increased transudation. It more commonly occurs in passive hyperæmia.

(*b*) Changes in the quality of blood—This condition may permit a greater amount of transudate than normal and so cause œdema. Such hydræmia is seen in diseases of kidney, where the retained water passes through the blood vessel walls into the tissues.

(*c*) Changes in the walls of the blood vessels—Dropsy is seen in cases with malnutrition of the blood vessel walls.

(*d*) Changes in vascular innervation.—This is best illustrated by the angioneurotic local œdemas occurring from dietitic errors.

II. IMPEDED REMOVAL OF FLUID from the tissues, because of obstruction or inefficient action of veins and lymphatics.

(*a*) Obstruction of the lymphatics is rarely followed by dropsy.

(*b*) Obstruction in the veins is one of the most important mechanical causes of dropsy.

III. CHANGES IN THE CHEMICAL COMPOSITION OF TISSUE JUICES. Fischer regards it as essentially depending upon variations in the water absorbing capacity of colloids, depending upon variations in the chemical reaction of the tissue juices.

A close student of the medical journals of the old school of medicine cannot fail to notice a bewildering mass of evidence, each of which very often conflicts with the other. Yesterday,



it was the perfidious *Bacillus* which was the root of all diseases. To-day it is the disturbance in the endocrine system. To-morrow it is just possible that changes in blood-alkalinity will be alone held responsible for all our troubles. They are never sure about their truths, and are constantly shifting ground, even in such important matter as the origin of diseases. The Ayurveda, on the other hand, has stated, once for all, that मिथ्याहारविहार that is, impropriety of food and conduct and not bacteria, always starts the train of disturbances and finally develops into a disease.

Latest advances in Blood-chemistry have proved that diseases cannot be produced without variations in the P. H.-ion concentration in the blood. If this means anything, it means that bacteria cannot invade the human system, if the P. H.-ion remains unchanged, a statement that agrees closely with Charak's मिथ्याहारविहार dictum. It is only when the P. H.-ion is changed, that bacteria can invade the system, or if they are already present they can cause diseases and that the root cause of diseases is to be sought for elsewhere.

As an instance of the shameless changing of theories we may mention here the attitude of the old school about giving salt in Anasarcal conditions. Old students of the Calcutta Medical College will remember the cheap sneer at Ayurveda, of some of the distinguished clinical teachers there, for advising the withdrawal of common salt from the dietary in Dropsy cases. The doctors extolled the diuretic virtues of salt, and advised giving salt in

more than normal quantities, to promote diuresis and lessen the Anasarca, in sublime oblivion of the fact that their colossal ignorance and conceit could not but hasten the unhappy patients to their graves. The professors laughed at the absurdity of Ayurveda. Unfortunately for scientific medicine, however, the discovery of Widal and Javal about the effects of retained chlorides filtered into India in the late nineties. The exponents of scientific medicine had to make a volte-face and this they did with the same self-complacency as before. Nothing daunted, the professors then began to teach that œdema was due to sodium chloride retention and advised the withdrawal of salt from dietary, in Anasarcæ conditions. The past was quickly forgotten and the Western system was still looked upon as the exclusive repository of scientific wisdom, and poor Ayurveda still continued to be condemned light-heartedly as nothing but unscientific.

This is not the place for a complete vindication of Ayurveda and Homœopathy which can withstand and have withstood the uninformed and prejudiced criticisms of those whose only passport is their ignorance, pure and absolute, of the merest elements of Ayurveda or Homœopathy, and the day is not distant when Homœopathy and Ayurveda will outgrow the determined opposition of the dominant school.

The conceptions of diseases in Homœopathy are as unchanging as those of the Ayurvedic system and they are too well known to the readers to be

repeated here. It will not be quite out of place to say a few words on the origin of diseases according to the Ayurvedic school.

Life according to Ayurveda is maintained by वायु (Vayu) or air, पित्त (Pitta) or fire and कफ (Kapha) or water, which are therefore the fundamental constituents of the human body. Any deviation of these fundamental constituents from their normal state gives rise to diseases, and so long as these remain normal, there can be no disease. So long as the three elemental principles वायु, पित्त and कफ remain in their normal state inspite of disturbing causes so long does the human body continue in perfect health. If the three elemental principles are strong enough to tide over an invasion, however powerful, without any evil consequences, the human body must be free from all diseases and must enjoy perfect health. But as soon as any one of these three fundamental constituents deviates from its normal condition, illness appears, the intensity of which is to be measured only by the extent of deviation.

The disturbance of वायु, पित्त and कफ depends primarily on कर्मफल or the Law of Karma. This is not the place to go at any length into the mysteries of this mysterious universe. To confine ourselves strictly to the barest requirements of Ayurveda, माया or the Principle of contradiction gives rise to मोह or confusion, Moha to अहङ्कार or egoism, Ahankar to Karmaphal or the Law of Karma or Law of Action which lays down that as you sow, so must you

reap. Action can be destroyed only by experience or suffering or भोग. Action accumulates much faster than it can be destroyed by experience. Accumulated action is called सञ्चित कर्म. The very small portion of it under the influence of which a man is born, is called his प्रारब्ध.

Diseases spring really from this प्रारब्ध and from man's action in this life which is called in Ayurveda मिथ्याहार विहार or improper food and conduct. It is this प्रारब्ध which exerts a supreme influence on the three elemental principles of वायु, पित्त and कफ and explains why in some cases they can defy the strongest invasion. The chain of causation begins with God, the Ultimate Cause, and passes from egoism to the Law of Karma, from the law of Karma to *Prarabdha* or allotted effects, from *Prarabdha* to the fundamental constituents of वायु, पित्त and कफ, and finally from these fundamental constituents to मिथ्याहार विहार or improper food and conduct.

[ To continue ]

## ANXIETY AND SEX.

S. C. Laha, M. B. (CAL. UNIV.)

[ Continued from p. 84 ]

We next come to some other superstitions about sex which need some discussion. They are (a) the duration of sexual intercourse should be about half an hour or so. If it is less, it means that you are partially impotent and a future case of dementia præcox. (b) It is very difficult, if not impossible, to satisfy the sex-cravings of a woman. (c) Semen is the most valuable fluid in the body. A drop of it is equivalent to many thousands of drops of blood and, (d) Wet dreams are symptoms of a serious sexual disorder.

I have already dealt with (c) in connection with discussions about masturbation (in the previous issue of this journal) where the "loss" idea of semen is given a great deal of prominence in the public mind. I have shown that the belief is untrue ; neither have I any idea how people can compare semen with blood because one is quite different from the other as regards functions and physical and chemical properties, nor can I guess how they can arrive at mathematical figures in comparing one with the other.

As regards (d), the mechanism is the same as that of masturbation. Just as masturbation is practically universal at a certain age, so are wet dreams. Wet-dreams are not symptoms of a serious

sexual disorder. They are perfectly normal. Sex-urge, like hunger, if not appeased, accumulates. In masturbation the urge is partially satisfied and the individual does it himself when the urge is too strong for him. If due to his fears he refuses still, nature takes this up and discharges his dammed-up libids through wet-dreams. Nature gives him what he denies himself. Wet-dreams are evidences of a normal hetero-sexual tendencies of a man. I shall look with uneasy apprehension about the mental stability of a man who says that he has never masturbated, has never had any wet-dreams or did not indulge in sexual intercourse with a woman.

Let us now take up the belief (a)—about the duration of sexual intercourse. No body seems to know what is the normal duration of sexual intercourse. Without enquiring about it, they manufacture a superstition and when they find that their own cases do not conform with their superstitions they begin worrying about it and continue to worry so long as they live and in their old age bequeath the superstition to the younger generation as a valuable legacy.

It is the greatest source of worry and anxiety in a man's mind—the belief that the duration of sex-act should be more than what it actually is. The universality of this belief originated probably from the wish to prolong the physical pleasure of seminal orgasm, the ideal being that the unendurable pleasure may be indefinitely prolonged.

Unfortunately, from the very characteristics of sensations, this is not possible. Any pleasurable

sensation, if indulged in for too long a time, loses its pleasurable quality and may even become painful. This is one of the properties of sensations and you cannot alter it. You can increase the time but you do so at the expense of the intensity of pleasurable feeling.

If you try to prolong the duration of sexual intercourse, you can do so and there are means of doing it, most of which are *unhealthy and injurious*; but you do it at the expense of the satisfaction which is your due and which is the only motive of sex-act. You miss your aim and get something else which you do not require.

I have found that most men mistake that persons who can withhold the discharge of semen for a long time during sexual intercourse are men who are strong, virtuous and fortunate; men who ought to be envied and in comparison with whom we ought to feel sorry for ourselves. I should strongly recommend a course of treatment for persons who suffer from a long duration of sexual intercourse. It is an early symptom of a mental disorder—sometimes of a very serious type.

Well! What is the normal duration of coitus? 2-5 minutes apparently, more or less. There is nothing to worry about if it is slightly less. In fact, the duration of coitus varies within wide limits in a normal healthy individual. A period of sexual abstinence naturally increases the sexual hunger and consequently the duration of coitus becomes much less when the abstainer comes in contact with the woman for the first time.

It is a source of perpetual wonder to me why people should get frightened and begin tearing their hairs and beards and go running to doctors like demented persons for this ordinary phenomenon, the explanation of which is so simple.

But there are persons, abnormal ones evidently, who really have a much longer duration of sex-act, varying from half an hour to as much as an hour or so. They believe, like most others, that this is an advantage and think that by such means women can be conquered as if women need conquering through sex. They occasionally boast for such conquests afterwards and keep a record of them, just as Don Juan did. A Don Juan type of personality is certainly a diseased personality. Such persons later develop other symptoms of mental disease. The self-drumming and boasting about women-conquests are defence reactions of the mind against other hidden tendencies.

It will be idle in these series of popular articles to go into the mechanisms of these defence reactions. Suffice it to say that in some cases where these defences can no longer check the strength of the hidden wishes, the latter break through them and let loose some *grave symptoms* of a serious mental disorder.

A prolonged duration of sexual intercourse is the outcome of a want of sufficient amount of heterosexual sex-urge in a man. A person who plays too long with his food without eating it, has evidently no appetite for food. A man who takes too-long for sex-act has evidently no attraction for



a woman. I wonder what is there to boast in it. A castrated fellow cannot boast that he has no testis. In fact, Havelock Ellis cites Jager and Moll, who assert that in castrated men the duration of erection is longer than in normal persons (1). A long duration of coitus is not to be taken as a sign of virility ; on the contrary it appears that it is a sign of weakness of libido rather than its strength.

It is interesting to note in this connection that some of the cases who come for treatment for other symptoms, but who had this characteristic as well, get well by suitable analytic treatment and when they get well, their duration of sexual intercourse comes within normals limits.

Hitherto I have been discussing coitus from the standpoint of the male alone. In the next article I propose to discuss it from the standpoint of the female who show certain differences in this respect, a knowledge of which is necessary for the proper adjustment between the husband and the wife. A great deal of misconception is present in the mind of every man in respect of female sexuality—about which we still do not know enough. But what little we do know is important and a little knowledge of it will go a long way towards improving the relations between a man and a woman.

[To continue.

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(1) H. Ellis.—Analysis of the Sexual Impulse, 1913, p. 10.

## NUTRITION PROBLEM.

M C. Laha M. B. (C. U.)

Following my articles in the 'Herald' dealing with difficulties in alimentation, I have been asked by Dr. Bose to chalk out a series of diets from a purely Indian stand point with their rationale, for identically those conditions for which I had attempted to seek out causes. While frankly admitting this to be a considerably more difficult task than what I have done hitherto, there will be no two opinions on the fact that the subject asked for is one of extreme importance and value. But planning of diets for disease conditions takes for granted a thorough knowledge of all the elementary principles of dieting in health. The latter has received enormous importance of late, specially abroad, and the volume of literature devoted to this end has been a staggering one. Though one comes across stray articles on diet in health in journals here and there, the fact remains that Bengal, probably the most poorly nourished of all provinces in India, has given the subject the least consideration. One reason for this obvious lack of enthusiasm on part of people to adopt a changed mode of food seems to be a want of practicability of carrying out instructions everywhere. Most of our data and informations regarding the composition and value of foodstuffs have been collected from works by Western authors and quite naturally, the lists contain names of such foods which

are rare, absent or too costly for our average public and miss a few quite common and cheap here, the food values of which are beyond question. The proper solution of the problem will lie in fixing up 'compromise diet'—if I am allowed to use the term, which will embody the food principles in their proper proportions, and include such articles which are essentially Indian as well as those which have been applauded in the Western books and yet are none too difficult to obtain here. The task, obviously, is a difficult one as it will seek to break open the tradition and accumulated dogmatism of centuries in a people whose characteristic trait is to cling desperately to whatever it is old and who have been trained to look with suspicion and fear, whatever it is new.

#### NEED FOR A CHANGE.

But the urgency is none the less present there. It is not difficult to ascertain wherein lies the cause of the stunted growth and emaciated physical of the majority of the Bengalis, specially of the younger section, roaming about in our streets. It is equally easy to see the root of the superior physical and stamina of the Punjabees and other races noted for their bodily vigour. It is not luck. It is sensible dieting. It is futile to argue on lines such as, "What about our forefathers, Sir? They were not very much inferior to the Punjabees. Aren't we taking what our forefathers took?" There can be only one answer to this question. It is, "No, we aren't." A careful analysis of the average daily

ration of a Bengali 50 years back will bring out the enormous deterioration in the nutritive value of the foods consumed by the average present day Bengali. The relative increase in the cost of foods in modern times admittedly has much to do with this general falling off of the quality. But then, there has been very little attempt to substitute the costlier foods with cheaper ones which have equal nutritive value. My attempt here would be to present before the readers a general idea about the relative value of the different foodstuffs in a way as will enable the reader to plan out a system of dieting himself most suited to the individual concerned.

#### WHAT FOOD DOES ?

Food is required for two purposes, 1. To build up the body (during the growing period) and repair tissue waste which is continually going on inside, and (2) To supply energy and heat. During digestion, assimilation, respiration and excretion, the food taken undergoes many changes, breaking down into simpler compounds or being transformed into others. These changes are grouped under the general term 'metabolism.' It is to be clearly understood that the first function of the food mentioned above can only be served by nitrogen containing foods, i. e. proteins, alone. The second function is subserved by all, i. e. proteins, fats and carbohydrates and it is this power of the foods to liberate heat and energy which has afforded

scientists a basis for evolving a method to 'calculate' the relative value of foodstuffs. Every act in the body consumes energy. If a man lifts a pound a foot high, he must reproduce in his body that amount of energy to be utilized by the muscles concerned for purposes of lifting.. The force which holds the food-elements together in combination, is called potential energy. In breaking up the food into simpler compounds, the body sets this energy free, i. e. changes it into kinetic energy. The changes by which this is brought about have been likened to 'burning', i. e., the foods are oxidised in the system setting free energy and heat. Proteins, fats, carbohydrates may all be burnt up to furnish energy and heat. The amount of the latter, i. e., the heat produced can be ascertained, and varies with the different classes of foods. Thus, the heat value of fats is much greater than either the proteins or the carbohydrates. As the amount of heat liberated by a quantity of food varies directly with the amount of energy liberated, determination of the heat-value of any food gives us the proportionate energy-value of the same food and, therefore, also the actual food value of the food in question. Thus the heat values (expressed in terms of 'calories' or heat units) of proteins, fats and carbohydrates may be taken as a standard of their food-values. The following are the fuel values of the three classes of foodstuffs arrived at after careful experiments—

1	gram. of Protein	...	4	calories
1	" " Fat	...	9	"
1	" " Carbohydrate	...	4	"

Some foods are all protein, as the white of eggs ; some all fat as *ghee* ; some all carbohydrate, as sugar. Most foods are, however, combination of all these and contain in addition, certain salts and water and in many cases, vitamins. To determine the fuel-value of any food, it is only necessary to multiply the percentage contained in 100 parts of the food by 4 for proteins and carbohydrates, and 9 for fats, and the total will give us the calories for 100 gms. of the food. For example, milk contains on an average, 3·5 per cent protein, 4 per cent fat and 4·5 per cent milk sugar. Therefore, the caloric value of 100 gms. of milk ( just over 3 oz. or  $1\frac{1}{2}$  chhataks ) would be :

Protein	...	$3\cdot5 \times 4$	=	14	calories
Fat	...	$4 \times 9$	=	36	„
Carbohydrate	...	$4\cdot5 \times 4$	=	18	„

Total value for 100 gms.= 68 calories.

#### TOTAL FOOD REQUIREMENTS

The next question to be answered is, how much food, i. e., how many calories are needed by the body under ordinary conditions in 24 hours ? The problem has been approached in various ways, but the best method is to express the total calorific requirement in *per seer of body weight* in 24 hours. It is simple common sense to know that this total will vary within wide limits. A person engaged in hard muscular exercise will demand a much higher number of calories from his food than a person of

the same weight in sedentary occupation, because the metabolism of the former runs at a much higher level. Thus, the diet will vary much according to the occupation and habits of the individual concerned. The following table modified from one of the greatest authorities on diet, represents a fairly reliable guide for calculation of total requirement in 24 hours :

During rest in bed—26 calories per seer of body weight.

In light work	—31	"	"	"	"	"	"
In moderate work	—37	"	"	"	"	"	"
In hard work	—45	"	"	"	"	"	"

Thus, a person weighing  $1\frac{1}{2}$  maunds and doing moderate work, will require  $60 \times 37$  or 2220 calories worth of food in 24 hours. On the other hand, a man weighing 1 maund and 30 seers and doing hard muscular work would need  $70 \times 45$  or 3150 calories in 24 hours. This table, of course, can not cover cases for the very young, who require much higher values. Thus, an infant in its first year of life requires nearly 100 calories per seer of its body weight in 24 hours. The figure gradually descends with each succeeding year, until reaching a standard for adults.

After we have considered the total calorific value of the food required, the next problem seems by far the most vexed of all we have hither to considered and concerning which quite a lot of confusion and an equally amazing divergence of practice prevails here. This is,—how much of proteins, fats and carbohydrates each is to be given to furnish the requisite number of calories. The

most intelligent plan appears to be to determine the quantity of proteins at the outset and fill up the remaining calories by fats and carbohydrates.

#### PROTEIN REQUIREMENTS

A deficiency of nitrogen-containing foods (i. e. proteins) from the Bengali diet has for long been regarded as a notorious factor contributing to our underdevelopment. Nitrogen is the only element which has the power to replace tissue waste as well as promote tissue growth. It is being continually taken with our foods in the form of proteins and is being thrown out of the body (mainly through the urine as urea). Normally, this intake and output of nitrogen should fairly balance each other, in which event, we speak of the body as being in 'nitrogen equilibrium.' With increased intake of protein, increased metabolism of nitrogen takes place, the body excreting a proportionately increased amount of nitrogen, thus maintaining the equilibrium. Similarly proportional will be the output if proteins are reduced from the diet. The body is thus able to regulate the amount metabolised by the amount taken. But there is a 'maximum' and a 'minimum' to these amounts of protein which will enable the body to maintain nitrogen equilibrium without producing ill effects.

The danger of exceeding the 'maximum', which is supposed to be 120 grms (roughly) in 24 hours is digestive and other metabolic disturbances such as



high blood pressure, etc. The danger of going below the 'minimum', which has been estimated at 60 grms. in 24 hours, is much more serious, specially at the growing period of life. In fact, it is grave. The body, finding a dearth of available protein in the foods, begins to burn up the protein of the tissues, to keep up the minimum requirement for matabolism. The consequences of this vicious process may be well imagined which will be almost the same as partial starvation. More protein will be metabolised than what is taken with the food and thus the body will stop growing and will begin to reduce. The present day Bengali diet, on an average, shows a lamentable dearth of this essential protein, though the total calorific requirement may be more than met up through the other two sources, i. e. fats and carbohydrates, of which again, the latter is consumed in abnormally large quantities.

[ To continue.

# Emulative Gleanings from the Life of Hahnemann\*

( N. B. Bhatwadekar, B. A , M. B., B. S., )

Mr. President and Brothers,

We have gathered here this afternoon to revere the memory of one who can well lay a claim to be one of the greatest physicians of the world, Samuel Hahnemann. Some years ago, on a similar occasion, one side of his life was narrated by me. This time I intend to place before you a few glimpses of another side of his life, viz., his parental heritage, his boyhood and school-life, and his professional career.

My object in choosing this phase of his life is that, we can all visualize Hahnemann the thinker, Hahnemann the physician, Hahnemann the philosopher ; but it is more difficult to realise that Hahnemann was first of all an ordinary human being. He was very much as other men in the ordinary run of life, but being gifted with marvellous powers of concentration, deep philosophical insight, and unusual ability to co-relate facts, he rose to the high pedestal he occupied later on only after countless battles against himself and outward circumstances. We are likely to forget Hahnemann the precocious child, a problem to his family, Hahnemann the almost insufferably egotis-

\* Read on the Hahnemann day, 10th April, 1940, observed by the Homoeopathic Post-Graduate Association, Bombay.

tical youth, and Hahnemann the poverty-stricken, burdened man helping his wife in the labours of the household. We must never lose sight of the fact that his remarkable attainments came only after long and bitter struggle against forces of nature and circumstances, and that his greatest attainment was the ability to hold to the line even in the most bitter adversity.

### Parentage :

Hahnemann belonged to a family of artists of considerable eminence. His grandfather, father, and uncle devoted all their time and energy on porcelain painting. "To act and live without pretence or show" was the motto of the Hahnemanns. The Seven Years' war brought bad times to the family, and they were forced to live the simplest of lives. They found it hard even to give education to the children, but in spite of that they kept them in school till a sound educational basis was achieved. Samuel developed early in life a mind thoughtful beyond his years, and his father fostered this tendency by teaching him to observe Nature in all her moods, and to observe closely all the lessons which can be read in the great book of the outdoors. Ever since his young age he practised his father's precept of never, when learning or listening, to be merely passive. Samuel had inherited the gift of artistry and the ability to record what he saw ; this, coupled with his thoughtful mind, was preparing him for that exceptional life-work which was to follow.

Owing to straitened circumstances, Samuel's father had long been looking forward to the day when his burden would be eased by the younger generation. So far as Samuel was concerned that day was never to dawn. He stuck up to his school studies inspite of his father's wishes. His intense interest in his studies enlisted his mother's sympathy. And when he could not borrow one of the family lamps for fear of detection in his night studies, he fashioned a crude procelain lamp for himself, and his mother furnished oil from the scanty family store. His teacher was so fascinated by his ardent studies that he protested against Samuel's removal from the school, and offered free tuition in such a tactful way that he overcame the father's scruples, and Samuel was allowed to continue his studies.

Samuel Hahnemann had four great gifts: a voracious appetite for learning, the willingness to study, often spending whole nights over his books, magnificent health, and the ability to arouse in his instructors such sympathy and interest that they were willing not only to teach him without recompense, but at times found the means for him to earn his living in continuation of his studies. His graduation essay in 1779 marked one of the great landmarks of his career.

From the begining of his practice Hahnemann was outspoken in his criticism of the then prevailing methods of medical practice. His war against bleeding which was commonly resorted to in the then methods of treatment, and the universal lack

of attention to diet and hygiene, attracted the notice of many physicians. He had a markedly fluent pen which he made use of in emphasizing his views on current methods. This, however, raised a hornets' nest about his ears. He had to move from place to place and he could not establish himself anywhere. His writings, however, brought him some patients whom he treated by mail. His sheet anchor in these discouraging days was his deep interest in chemistry in which he was entirely self-taught. He rose to a very high prominence in that branch of science even above the most eminent men of his day. It did not, however, supply him the means of livelihood. He had, therefore to resort to another gift of his, viz., mastery over languages. That is why we find him translating so many medical and scientific books which proved to be the support of his family.

### **Sprouts of Homoeopathy :**

His first glimpse of the law of healing gave new impetus to his mental powers, and his scientific mind found in this glimmering of truth a new field for investigation. To this new concept he devoted his talents and time, and as the truth became ever clearer to him, gradually by toilsome stages, he created a rational system of medicine out of it.

In his preface to the *Materia Medica Pura*, Vol. I., he wrote : "The day of the true knowledge of medicines and of the true healing art will dawn when men cease to act so unnaturally as to give drugs to which some purely imaginary virtues have been vaguely recommended, and of whose real

qualities they are utterly ignorant, and which they give mixed up together in all sorts of combinations. With these debatable mixtures a haphazard treatment is pursued, not of cases of diseases that have been carefully investigated as to their special signs and symptoms, but purely artificial forms and names of diseases invented by pathology. By this method no experience whatever can be gained of the helpful or harmful qualities of each medicinal ingredient of the mixture, nor can any knowledge be obtained of the curative properties of an individual drug. The day of true knowledge of medicines and of the true healing art will dawn when physicians shall trust the cure of complete cases of diseases to a single medicinal substance and when, regardless of the traditional system, they will employ for the extraction and cure of a case of disease whose symptoms they have investigated, one single medicinal substance whose positive effects they have ascertained which can show among these effects a group of symptoms very similar to those presented by the case of disease."

Botany was his favourite subject even in his school days, and he had his own herbarium which later on was useful to him in studying the medicinal properties of herbs. This was additional aid to him in his new concept of treating diseases.

After a great deal of wandering he finally settled at Torgan in 1805. Here his startling innovations in the treatment of the insane and his radical methods of sanitary reform brought him to the limelight, and a number of people sought his

advice. His attention to the new theory had clarified his ideas greatly, and he felt great confidence in the rationality of his work. He put all his ideas in writing, and then in 1810 the famous "Organon" saw the light of the day.

Even all this did not help his medical practice. He could succeed in attracting only a few towards him. He therefore decided to become a lecturer at the Leipzig University with the express idea of inculcating his new views in the budding physicians. That also did not succeed in attracting students towards him, mainly because of his antagonistic attitude towards the then current thought. The few that out of curiosity came, stayed to listen because they were infatuated by his clear logical thinking and brilliant deductions.

After he settled in Paris he had some years of very successful and large practice till he bade farewell to this world on 2nd July 1843.

Seldom does a life-span cover greater struggle and hardship for an ideal so largely unselfish. Clear thinking, hard work, and rigid honesty were the rules of his life.

Brothers, is there not enough in this Life for us to learn and to emulate.

And, now, may I propose a toast to the memory of the student, the scholar, the teacher, the physician, to the memory of the author, the researcher, and thinker ; to the memory of him to whom the world owes a debt of gratitude it can never repay, and the only way we can here possibly attempt it is to follow and practice his way.

## RELATA REFERO.

At the session of the Bengal Tuberculosis Association--Home visitors' class, ending March 1940, twenty one candidates attended of whom one came from Udaipur State, 10 from Bihar and 10 from Bengal; these included 10 *female candidates*, 8 from Bengal and 2 from Bihar. In the examination three Bengal candidates failed, 18 passed. Of the female candidates, only one was a matriculate and others have read upto various High-school standards. Of the 8 Bengali female candidates seven received stipends of Rs. 20/- per month and all of them have been provided employment immediately on passing the examination.

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"Children should be given a midday meal or tiffin in every school if possible. Financially, it is not a difficult problem either. I think one can provide for younger children a midday meal at a cost of one pice per day and for grown up children two pice per head, provided there is a voluntary agency for the preparation and distribution of this meal. Would it be too much to expect that people of this province would take up such social welfare work more and more on a voluntary basis?" —These are the words of Lt. Col. A. C. Chatterji, Director of Public Health, Bengal. We hope this plaintive appeal will bring about a change in the supine and sequestered habit of our ladies and urge them to sacrifice the midday *siesta* and give a thought to the school-going lads and lassies. But their husbands would resent it. For, even in a family consisting of only a husband and wife, a sturdy Midnapur cook is an outstanding figure to bear testimony to the affluence of the husband who takes pride in presenting his *grahani* to people only as an idle block of wood or stone ornamented with silk and gold and jewels. Where dusting one's own chair is a serious derogation of dignity, Col. Chatterji's appeal is only a cry in the wilderness!

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Will the Corporation of Calcutta initiate supplying midday meal in its Free Primary Schools ? If the household of Aldermen and Councillors lead like 'heavenly-light,' battalions of middle class people are sure to follow them.

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The total number of patients treated at the LUCHMANPURA HOMŒOPATHIC CHARITABLE DISPENSARY, Benares, during the year 1346 B. S., figured 60,458.

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The figures given below show the total attendance of patients at the following Homœopathic Free Dispensaries, Delhi, during April, 1940 :

1. Central Dispensary, Kucha Brij Nath	...	10,467
2. Village Barwala	...	2045
3. Faiz Bazar	...	2480
4. L. Ram Roop Dispensary, Subzi Mandi	...	8345
5. Karol Bagh	...	1453

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In the State of Mysore there are 31 Womens' Hospitals and dispensaries, 41 Maternity homes and 32 Child welfare centres. A proud record indeed for any State of its size ! Sir Mirza M. Ismail, Diwan of Mysore, will find it easily possible to increase the number of these Hospitals, Homes and Welfare centres by fifty per cent without increasing the amount of expenditure under these heads, yet ensuring greater efficiency, if he instals Homœopathic system of treatment at these places. As an experiment, will he condescend to try it in only half-a-dozen hospitals and homes, say, for only six months ?

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The National Association for supplying Medical Aid by women (W. M. S.) in its annual reports recorded its insistent opinion that free medical treatment should only be given to the really poor. The Report further says that it is found that many *middle class* and *better class* patients insist on occupying free beds in the general wards, though paying-rooms are avail-

able, and at the most give a small donation to the poor box on leaving even after confinements or operations and so prevent the really poor from benefitting fully from the facilities offered. Most of the Hospital Committees are not willing to give the Medical Officer-in-charge authority to refuse admission to free beds to such patients and in fact often encourage the practice with the result that the hospitals are in a chronic state of financial distress.

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This state of affairs prevails also in other hospitals at almost all big cities in India. Ships of paper to the House Physicians and Resident Surgeons recommending patients of the upper and middle class for being admitted in the general wards, is not an uncommon feature. But, after all, why should one serve honorary on a Hospital Committee if one cannot keep handy some sort of medical bonus for his kinsfolk and friends "

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At long last, the Government of Bengal have decided to establish Anklesaria College of Pharmacy in Calcutta, and definite proposals are at present being worked out by the Surgeon General of Bengal with a view to giving effect to the scheme during the next financial year.

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From a Press note recently issued by the Government of Bengal we can draw the following comparative table of Mofussil Hospitals :

	Allopathic	Homœopathic.
At the close of year 1936	1369	72
" " " " 1937	1533	76

Of these 1533 allopathic dispensaries, 1272 institutions were situated in the rural and 261 in the urban areas.

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We thus find that while allopathic institutions increased by 164 in one year, homœopathic institutions increased by only 4.

And this was despite the Government's fullest cognizance of the darned cheap equipment and running expenses *vis-a-vis* the superior results of Homœopathy.

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The Marwari Relief Society, Calcutta, in its Homœopathic Outdoor department, treated 4943 cases during the month of April 1940. This shows an increase by 986 cases over March last. Here is a concrete evidence of the efficacy—hence the increasing popularity of Homœopathy.

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The Ramkrishna Mission Swarnalata Widow's Home was inaugurated at Puri on May 19, 1940, under the presidency of Mr. M. N. Bose, District Magistrate. In addressing the meeting Dr. Radha Kumud Mookerjee observed,—“A lively and abiding sense of the ‘One in the many’ must lift life on a higher plane on which differences between individuals in a view of the whole, of which they are parts. On that plane the self is identified with all others. True Religion thus transforms itself into social service.”

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SERVICE was the pivot of the mission of His Holiness The Swami Vivekananda. Training in nursing and Homœopathy will make the inmates of this Widow's Home the true evangelists of the Swamiji's Divine Message intrusted to him by Bhagawan Sree Ramkrishna.

“*Observateur*”.

# Standard Homœopathic Laboratory.

( Registered under Govt. of India  
Act XVI of 1908 ).

TRADE



MARK

A laboratory has to fight hard to establish its name and fame. But the name of **M Bhattacharyya & Co.**, of Calcutta, the proprietors of the laboratory, is so well-known to the medical profession as well as laymen for their integrity and high standard, that it is hardly necessary to do anything more than remind them of their unimpeachable reputation for quality, ranging over half a century. So, it would be, we hope, no impertinence if we say that the **Standard Homœo. Laboratory** should not be judged like other concerns that have no tradition to fall back on.

This laboratory was started for supplying fresh and genuine **Indian Tinctures, Biochemic & Homœopathic Triturations and Tablets** to the market which had been infested with spurious products of all description. A new item as important as **Globules** has of late been added to the line—a land-mark of progress in the history of Homœopathic manufacture in India.

We beg to draw the attention of our medical and lay-friends to the fact that the **Standard Homœopathic Laboratory** is the biggest of its kind in India, is fitted with the latest and most efficient apparatus and

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appliances. Every detail of the manufacture is conducted by a trained staff under the direct control of a veteran graduate of science. Thus we are in a position to guarantee the potency, stability and uniform accuracy of all our products.

It is most gratifying to note that we have been exporting the products (particularly Mother Tinctures from Indian fresh plants) of the **Standard Homœopathic Laboratory** even to America and Europe to the entire satisfaction of our clients there. It may be news to many, but surely is a thing which India may be proud of.

We offer our sincere thanks to our numerous patrons for their steady support to **M Bhattacharyya & Co.** and hope they would, with equal zeal and kindness, extend their help to this new but worthy venture also. We take this opportunity to mention that we shall always welcome visits by our friends, particularly the medical friends to our laboratory and would be most thankful for their valuable suggestions

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## INDIAN GLOBULES.

We feel pleasure to announce that we can confidently recommend the use of Globules made in our "**Standard Homœopathic Laboratory**".

Our Globules have been kept under close observation for some years together under various conditions and atmospheric changes. They have stood the tests most successfully.

Our Globules are highly absorbent, when medicated stand for years. They do not dissolve nor do they turn yellowish like others in the market.

STANDARD HOMŒOPATHIC LABORATORY.

The brilliant white colour and hardness of our Globules are maintained all through.

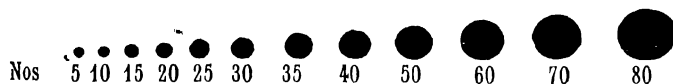
Use of inferior quality of Cane Sugar, the use of Beet Sugar, metallic contamination and defective processes followed in the manufacture are the causes of early deterioration of the Globules. Our trained staff after successive attempts and strenuous research through a long period have at last been able to produce these Globules, which, we are sure, will compare most favourably with the Globules of the best manufacturers of the world.

Our Globules or Pilules as they are called are made from highly pure cane sugar. The whole operation of the manufacture is carried on in a most neat and clean room especially set apart for the purpose. Specially lined kettles are used in the manufacture and the heating is done by up-to-date electrical appliances. Thus the chance of any contamination have been eliminated as far as humanly possible.

Hundreds of our customers including eminent doctors all over India have already begun using them in preference to foreign staff. The users are all satisfied with the fine quality of our globules; so we have no hesitation in safely recommending them to the public. Price is most moderate.

**HELP SWADESHI INDUSTRY.**

Actual sizes are :—



In one pound  
wide mouth  
square bottle,  
Re. 1 per lb.

In strong card-  
board carton  
As. 15 per lb.

*Special rate for  
large quantities.*

N. B. Globules taken in paper carton may not last long as there is every likelihood of moisture being absorbed, especially in wet weather.

STANDARD HOMŒOPATHIC LABORATORY.

## OUR MACHINES.

In order to get best result everybody should use the most correctly and scientifically prepared drugs. At a great cost we have installed Tablet and Trituration machines in our **Standard Homœopathic Laboratory** and so we are in a position to supply first class medicines which can well vie with any foreign make. No wise man should use hand-made trituration, when machine-made is available. For, there are more than one disadvantages in hand-made triturations. First, they remain exposed during the process, so that moisture, dust and foul air come in contact with them. Secondly a man cannot move his hand round and round at the same pressure and pace for hours together. So you can hardly expect to get even-pressure throughout the process. In machines the process goes on inside glass fitted boxes. So there is much less chance of any contamination. And you know that an electrically driven machine will not feel tired of working for hours together. The pressure and the rate of motion is always the same, the mixing is perfect and so the drug is most effective. Hence make it a point to use Trituration & Tablets, made **in our laboratory** and be convinced of the wonderful result they produce on patients.



# OUR PRICES.

It was we who pioneered the sale of Homœopathic drugs in India at the lowest prices consistent with genuineness. Our remarkable prosperity in business inspite of a drastic reduction in price, incited jealousy in others in our line and they began to carry on mischievous propoganda far and near so as to imbue the minds of our simple-hearted customers with misgivings as to the efficacy and genuineness of our drugs. But, thank God! We have stood the test, and those mean efforts have proved futile, and truth has its triumph at last. The cheapness of price combined with efficacy, has contributed a great deal to the extreme popularity of our drugs with all classes of people in India and Burma.

We made a small beginning in a small room with a small number of workers. But the small shop has, in course of time, developed into a huge business firm served by hundreds of honest and earnest workers and is now located in a spacious mansion and has attained the emirence of the biggest Homœopathic Drug House in India.

It indeed affords us a great pleasure to realise that our honest and humble efforts in bringing down the prices of Homœopathic Drugs to a low level, have led to their extensive use in millions of families in this country. The mean and the selfish with a mentality to debase this honest effort on our part, have at last been found to have followed in our foot-steps in earning their livelihood.

All sorts of business of our firm are conducted neatly and faithfully under the direct supervision of a number of educated men including graduates in arts, science and medicine. We give our workers a thorough training and carry them through business from the lowest ring of the ladder and do not entertain the services of any one from any other firm, while others are eager to employ workers of our own training whenever they find an opportunity.



*A side view of our Biochemic department*

**Rates of our machine made Tablets.**  
(B. T. Sugar.)

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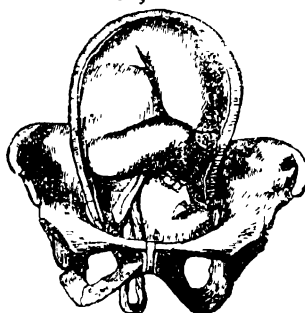
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Vol. III.

JULY, 1940.

No. 5.

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## Editorial

### THE ACADEMIC SESSION.

The months of June and July usher the academic session in Bengal. In these months the University usually announces results of the matriculation and other examinations, and the colleges open to admit the entrants to their new session of teaching. Homœopathic medical academies follow suit and admit students in these months, but usually this admission runs as long as it is found convenient to the proprietors or the governing committees. The prospect of the Homœopathic Medical Faculty promised varied and variegated hopes to the college authorities and the candidates alike, but they have upto now run after a will-o-the-wisp and none can at this moment hold out any promise to them as to when their dream shall materialize. It is, therefore, only natural that they will walk on their trodden path and make the best business of it. Of course, their opponent school of medicine will thus have further opportunity for inflicting ridicule

and criticism of their general qualification, their mode of training and hospital clinics. But these hits will touch a very few of the students, only those few who possess the required general qualification and who take their admission with a principle and objective and by way of intentional selection. These constitute the superior class of homœopathic medical students who do credit to the school of medicine they practise. There are other two classes of students, viz : the mediocre class and the inferior class. The mediocre class, whose number is quite appreciable, come to these homœopathic colleges by way of circumstantial selection, are desolately dull for learning any subject to secure a bare pass-mark, bereft of the preliminary qualification entitling one to get admission to a medical academy ; yet they are the chosen favorites of the college authority who carries them up through all the two or three or four academic years, because his predacious instinct at once recognizes these mediocre pupils as his permanent brigade of potential touts ; at the end of their pupillary career and armed with the college diploma, these mediocre pupils, now full fledged physicians cum surgeons et accoucheurs, scatter all over and beyond the limits of the extended city area and undertake treatment of all cases of illness ; for every case they come daily and even twice a day to take the advice of their college high priest whose uncanny ways of handling these touts yield quite a decent consulting practice. This is one of the many advantages that tempt many an adven-

turer to enter the business of running homœopathic diploma-selling depots, styling themselves as principals ; and if he can afford to run a six-page monthly journal and print in it concocted cases over the signature of his touts, his popularity and increase of practice is doubly assured. The inferior class is a necessary evil in all colleges. Students of this category are sordid and evanescent, yet they are welcomed in consideration of their first instalment of payment, although it is not unknown that they would keep further fees in arrear and disappear as fluidly as they appeared, when pressed for liquidating their arrearage, to take admission deceitfully in some other college where they are equally welcomed for sake of the admission fee. Reciprocity of academic courtesy is hardly observed between the colleges. And all this happens for want of a Homœopathic Medical Faculty, and all this is decisively detrimental to the interest of the genuine students and the genuine colleges. It is high time that the genuine colleges sink their jealousies and differences, meet together as allies and make a determined effort to have the State Medical Faculty of Homœopathy in the nearest future. Let the students keenly watch the efforts of their respective colleges and thus test the genuineness of intention and interest.

# A Brief Study Course in Homœopathy.

ELIZABETH WRIGHT, M. D.

## V

### The Evaluation of Symptoms.

In the lecture on case taking in the May issue\* we gave, in some detail, the hierarchy of the symptoms, and would suggest that in connection with this article the reader reperuse that one. The evaluation of symptoms is, perhaps, the most important part of the homœopathic technique, and to the beginner, one of the most difficult. Certain propositions in relation to it are axiomatic. Owing to the terminology of modern medicine and the training that patients have received from non-homœopathic physicians, the emphasis which the patient himself places upon symptoms is often entirely misleading. The doctor must separate diagnoses and common symptoms (that is, symptoms which are common to any patient suffering from a certain complaint, such as vomiting in a gastrointestinal case). These common symptoms are valueless from the point of view of homœopathic prescribing unless qualified by modalities. The physician must discriminate between the relatively worthless common symptom, which may often be the patient's chief complaint, and the precious, minor, subjective symptoms which the patient,

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\* Our June issue, No. 4, Vol. III.—Ed., H. H.

inadvertantly, brings out. The patient may complain loud and long of some pain or inconvenience which is relatively irrelevant, and not even be aware of grave and helpful symptoms plain to the physician.

On the other hand, just because the physician knows that mental symptoms are most important he should not hunt in the haystack for a tiny mental, with which to open his case. *The symptoms should have the same importance, the same weight or mass, in the patient's case as is assigned to them in the symptom hierarchy.* For example, a woman complains of indigestion and admits to overpowering fears, the fear, being a mental, outranks the symptoms ; but if this woman had violent pain in the stomach and an unimportant fear, the pain, being a much greater factor in the case, would outrank the fear.

A third axiom is that all rubrics used, or rather symptoms taken to be matched with rubrics, must be really true of the patient and reliable,

Another is that three or more similar particulars make a general, for instance, if the patient has burning in the head, the stomach, the feet, and the skin, the general rubric BURNING is applicable ; whereas, if he has burning in the stomach only, it is a particular.

If a valuable general cannot be found in the *Repertory*, as stated by the patient, it may be found under the opposite rubric, as, "cold weather ameliorates". This is found in the *Repertory* under "warm air aggravates". "Better in summer"



is found under "winter aggravates". This, again, brings up the nice problem of the interpretation of the patient's words and their translation into the terms of the rubrics. Only a knowledge of the exact meaning of words and of psychology sufficient to divine what the patient means by what he says, and a thorough acquaintance with every rubric in the *Repertory*, will enable the physician to allocate symptoms.

If care and ingenuity are taken it is not only justifiable but sometimes necessary, to combine rubrics in order to get the exact meaning. There are two ways of combining, by adding all the remedies in the two or more rubrics, especially when the rubrics are small; or taking only the remedies which appear in all the rubrics taken, which increases the grading of the remedies. An example of rubrics which may be combined by this latter method is, menses acrid, early, bright red and clotted.

There is divergence of opinion as to the proper place of pathology and also of objective symptoms (such as redness of the orifices). In the Kentian method, these are placed relatively low, whereas the Boger method, as given in his little *General Analysis*, stresses the pathological generals, as opposed to diagnostic pathology. Stearns favours stressing the objective symptoms as he feels that these cannot mislead.

There are several kinds of pathology. Disease diagnoses appear here and there in the *Repertory*

as, scarlet fever, septicæmia, chorea, apoplexy, etc. Other conditions which are pathological and yet are symptoms rather than diseases are found, such as, convulsions, dropsy, cyanosis, hæmorrhage, etc. There is a third class of pathology, the importance of which consists in the bodily tendency to produce such changes, such as, warts, polypi, fibroid tumors, etc. These are the most important of the pathological rubrics as they indicate the tendency of the whole constitution. Such a rubric as empyema, which is found under chest, is a pathological particular and less important although it may be of great interest in such a case to see what remedies have had the power to cause and to cure this condition.

The schema of the order of importance of symptoms according to Kent is :

Mentals—will, understanding, intellect.

Physical generals—time, temperature, weather, position, motion, external stimuli, eating, drinking, sleep, clothing and bathing.

Particulars—strange, rare and peculiar, and the modalities of the particulars. For details see May\* issue mentioned above.

In the Kent method after taking the complete case the physician selects any outstanding mentals, grading them in the order above given. He, of course, adds such mentals as he, himself, perceives in the patient or as a cause of the ailment. There may be from one, or indeed none, to six or seven marked mentals. The physician then takes the

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\* Our June issue, No. 4, Vol. III.—Ed. H. H.

chief generals in the case, ranking them in the order above given. The mentals plus the generals will give him a working basis for the selection of a chronic remedy. When the physician has re-per-torized these symptoms down to about five remedies he should then rank the particulars and see how the five remedies cover these. Then he must take these five remedies and study them in the materia medica, in order to select the one most similar to the case. It is obvious that this method proceeds from generals to particulars, and no special attention is paid to pathology.

In the Boger method fewer symptoms are used and special stress is put on pathological generals, for instance, if the case presents several excoriating discharges the rubric ACRIDITY, in Boger's *General Analysis*, would be taken, if the patient complains of marked dryness of mouth, rectum, skin, etc., the general DRYNESS would be used. In this method the mentals are prominent and take first place, as in the Kent method.

Stearns takes not more than five or six symptoms, of which one is mental, one pathological, one objective and two physical generals.

Bœricke divides symptoms into basic and determinative classes, the basic being the common, diagnostic and pathologic, and the determinative the subjective, modalities and generals. Bœricke, like Dr. Margaret Tyler, in England, advocates the use of certain large general rubrics, such as lack of vital heat, as eliminative symptoms, which some Kentians consider dangerous.

It is hoped that the student will not be confused by this variance of method among the masters and it is strongly recommended that each beginner master the Kentian technique first, the other variants being short cuts to suit different types of minds.

As soon as the case is taken and the physician sits down to study it, he will find it useful to run down the list of symptoms and mark with M opposite the mentals, G opposite the generals PATH. opposite the pathology, P opposite the particular and O for objectives. This should be done in the left hand margin and should be in a coloured pencil. For further clarity he may underline any peculiar symptoms in red. The symptoms to be actually used for repertorizing should be written off on a new sheet in the order of their importance. If the Kent method is being used he is then ready to transcribe the symptoms into the special blank repertory sheets which can be purchased from the American Foundation of Homœopathy and which greatly simplify repertorizing.

After the beginner has listed his symptoms according to their importance he should reconsider, checking mentally his symptom list with his impression of the patient and see if any elements of the case are placed too high or too low, for on the correct evaluation of the symptoms depends the possibility of finding the most similar remedy which will lead to cure.

—The Homœopathic Recorder.  
Vol. XLV, No 7.

# COMPARATIVE VALUE OF SYMPTOMS

IN THE SELECTION OF THE REMEDY \*

[ Robert Gibson Miller M.D ]

*It is a common experience to find cases reported in our journals, presenting large and complex masses of symptoms, to which, as a whole, no remedy in the materia medica corresponds, no reason being given why the remedy that proved curative was selected in preference to many other competing ones. We can learn little or nothing from these cases. Even when we study some of the model cases reported by masters in homœopathic prescribing, we are often utterly at a loss to understand the rules that led them to give a preference to certain symptoms and to relegate others to a very secondary place.*

*Hahnemann advises us to base the selection of the remedy upon the totality of the symptoms presented by the patient, as they are the outwardly reflected image of the internal and invisible disease, and the only means by which we can truly apprehend this internal disturbance of the bodily forces.*

I do not at this point propose to go into the observations and arguments that led Hahnemann to advise that the choice of the remedy should depend almost entirely upon the symptoms, to the practical exclusion of pathology. If these symptoms are to be our guides, what do we include in this term ?

Every deviation from perfect health experienced by the patient, or observed by others, including all disturbances of functions and sensations, all alterations in the external appearance of the patient, and also all probable causative conditions.

As rule, in acute disease there is little difficulty in determining the totality of the symptoms, for the deviation from health is usually sharp and well defined. As an acute, supervening disease never forms a complex with a chronic one—the latter being suppressed until the former has run its course—

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\* Reprinted from the *Homœopathician*, April, 1912

care must be taken, when ascertaining the symptoms of the acute disease, to exclude from consideration the symptoms of the now latent chronic disease. According to Kent, at times some symptoms of the chronic disease may persist, and be active during the acute disease. Such symptoms are peculiar, because they have not disappeared, and are not often guiding in the choice of the remedy for the acute disease.

But when we come to deal with chronic diseases, the problem is more complicated, for we have to take into account not only the present symptoms, which often show only a very partial picture of the disease, but must also include many former symptoms that are not now active ; for even in those patients that have suffered for very long periods, and from many apparently diverse troubles, *there always is method and order running through all their illnesses* if we can find the clue.

While, theoretically, we should consider all the symptoms experienced by the patient since his birth, excluding those due to acute disease, yet the task is a very difficult one both for patient and physician, and we can only make very cautious use of these bygone symptoms. Even if we could trust to the accuracy of the memory of our patient, or his friends, these old symptoms can be used only with the greatest care, for so many of them may have arisen from faulty environment, the abuse of drugs, or the acquisition of some other miasm, that they would not truly indicate the course and progress of the disease. This is also very often the case when no such question of old, bygone symptoms is involved ; and those who are guided in the selection of their remedies mainly by the symptoms are in special danger of overlooking such causes, and have to be perpetually on guard lest they fall into the error of ascribing to disease what is really due to other causes.

Dunham, in *The Science of Therapeutics* gives many instances where such mistakes have been made, and only a wide knowledge of drugs, of the habits of the people, and the special conditions under which many occupations are carried on, will enable us to avoid these errors.

Such, for example, was the case of a young lady who, for a very considerable time presented a perfect picture of the classical symptoms of *Sulphur*, and upon whom that remedy, in all potencies ( to say nothing of other remedies ), failed to produce the slightest effect. It was finally discovered that she was in the habit of using sulphur to cleanse her teeth and upon this being stopped the symptoms at once ceased.

A maker of crucibles for casting steel ignots, who had suffered for seven years with all the symptoms of *Graphites* gastralgia ; for him that remedy did no good, until it dawned upon me that I had somewhere read that plumbago was now being used for making these moulds.

When we have excluded all symptoms due to such causes, there is the vast number remaining which can be ascribed only to disease proper, and it is with these in particular I wish to deal tonight.

#### SELECTION IN CHRONIC CASES

Theoretically, we endeavor to find a remedy whose symptoms correspond exactly—as regards both character and intensity—to those experienced by the patient. This can rarely, if ever, be done ; and in chronic cases, at any rate, we have, as a rule, to make a selection from amongst the mass of symptoms, and to base the selection of the remedy mainly upon these. If it were necessary always to select a remedy that correspond perfectly to every one of the symptoms, our already vast materia medica would be utterly inadequate, and we should require at least 10,000 more fully proven drugs. Who would care to undertake the task of searching for a *simillimum* in such a labyrinth ? It is quite bad enough as matters are at present, but we must think of our remedies as complex tools, capable of doing many very different pieces of work, which to the uninitiated would seem to require many diversely shaped ones.

Who have made finer cures than the old masters in homœopathy, with their very limited number of fully proved remedies ?

But they *knew each one through and through*, in a way that few of us do nowadays, and in their hands a comparatively few medicines were, in the majority of cases, sufficient for all their work.

It was because they were able to comprehend not only the spirit of each remedy, but also those symptoms that characterized the patient. Following in their footsteps, we also must endeavor to learn to grade the symptoms according to their respective values, and not to act as mere symptom-coverer, an opprobrious name that has at times been only too well deserved.

In every case of disease there are always two classes of symptoms :

First, those that pertain to the disease—that is, the common or pathonomonic ones ; and

Second, those that pertain to the patient ,

And in all advanced cases, a third class that pertains to the ultimates or results of disease

To attempt to select the remedy in accordance with the first and last of these alone is simply to court failure in the majority of cases ; for so many remedies will be found to correspond more or less closely to the first, at any rate, that unless we have some other means of individualizing, we shall be quite unable—except by good luck—to select the correct remedy. Still less can we hope to find a sure basis if we depend upon the pathological condition ; for very few drugs have had their provings pushed forward enough to elicit such effects, and consequently we should have to depend mainly upon such cases of accidental poisonings as happened to be available.

Dunham, writing upon this subject, points out that the drugs varying according to the size of the dose may produce three sets of symptoms, *viz.* :

(1) The chemical.

(2) The mechanical, or revolutionary, consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance ; and



(3) The dynamic, contingent on the vitality, or resulting from the relation of the peculiar properties of the drug to the susceptibility of the living healthy organism.

He still further subdivides the dynamic ones into the *generic*—or those common to all members of a certain class of drugs—and the *specific*.

As an example of the former, *Arsenic*, in certain doses produces vomiting, diarrhœa, cold perspiration, cramps in the limbs; but *Cuprum*, *Veratrum*, *Antimonium tartaricum*, which belong to the same group, produce identical symptoms.

The specific ones are those that are peculiar to one remedy and serve to distinguish it from its relatives

In the vast majority of poisonings, little else is produced than the first two classes—viz., the chemical and mechanical; and the symptoms obtained therefrom are of little value in the large majority of cases we are called upon to treat. Our main reliance must ever be placed upon the symptoms that signify the patient; and Hahnemann directs that we should be particularly and almost exclusively attentive to those symptoms that are peculiar to, or characteristic of, the patient, and not to those that are common to the disease. Kent, after many years' experience, states that he regards this advice of Hahnemann's to be the strongest thing that the master ever wrote. *Organon* S. 153.

In acute disease, there is not much difficulty, as a rule, in recognizing the symptoms that are peculiar to the patient; for the symptoms usually appear in an ordinary manner, and the common or pathonomonic ones are well known. When we deal with chronic diseases, our difficulties are largely increased, for they are often so complex in nature that it is not easy to separate the symptoms that are peculiar to the patient from those that are common to the disease. *Organon*, S.S., 82, 152.

In many old-standing chronic cases, especially those that have been long under allopathic treatment, these peculiar and characteristic symptoms have so completely disappeared, or have been so utterly forgotten, that our difficulties are thereby increased. Nay, it is even the case at times that the charac-

teristic symptoms may never have existed except in the patient's ancestors, and under these circumstances cure is practically impossible

It is as if, during the exploration of some old city, a coin were discovered, by which, if we could determine the year of the king during whose reign it was issued, we should be in a position to fix an important date. If the coin was well preserved, any skilled numismatist would promptly furnish us with all the information we desired, but, if it were much worn and eroded, while we might, from the shape or composition of the metal, be able to determine the dynasty under which it had been issued, it would be utterly out of his power to state the individual king, to say nothing of the year of his reign

#### PECULIAR SYMPTOMS

Let us take a few examples of the symptoms that are peculiar to the patient, as distinguished from those that are common to the disease.

The common or pathognomonic symptoms of dysentery are bloody mucous stools, pain, and tenesmus. From these alone we can determine the group of remedies that correspond in general to this disease, and in J. B. Bell's classical monograph on this subject over fifty remedies are mentioned; yet, from these alone it would be impossible to discover the individual remedy for the case under treatment. If, however the patient has

Much thirst, and

Every time he drinks he shivers, and

Each drink is followed by a loose stool.

These symptoms, being unusual in the disease, and consequently peculiar to the patient, would guide to *Capsicum* as the remedy.

Dyspnoea, œdema, palpitation of the heart and albuminuria are the common symptoms of many kidney troubles, and from them alone we cannot determine the curative remedy; but if we find in addition that there is

A strong craving for fat,  
Urine intensely strong, and  
A sensation as if the urine were cold when passed,  
Then these would be peculiar to the patient, and point to  
*Nitric acid* as the remedy.

Let us turn to characteristic modalities. In a case of spasmodic asthma, an aggravation from lying down is so common as to be valueless in the individualizing of the remedy ; but, if we find there is much relief from lying down, as in *Psorinum*, or from assuming the knee-elbow position, as in *Medoninum*, then these, being peculiar and characteristic, will be invaluable.

In hysteria we have an illustration of the danger of prescribing for the symptoms that are common to the disease, and hence not peculiar to the patient. It seems the most natural thing to gather up all the incongruous and peculiar symptoms that characterize this disease, and to prescribe for them. But when we realize that this incongruity is the very essence of the disease—in other words, is pathognomonic of it—we then perceive that we have been pre-scribing for the symptoms that represent the disease, and not for those that characterise the patient. In such cases, the true guides to cure, if discoverable, are to be found in the *changes of desire*, the *aversion*s, the *loves and the hates* ; and these are particularly difficult to find, for the hysterical patient conceals her real hates and loves and relates what is not true.

In the foregoing, stress has been laid on the supreme importance of paying the greatest attention to the symptoms that are peculiar to the patient, but it would be foolish to ignore the symptoms that signify the disease. They must, indeed, be taken into consideration ; but as subsequent to, and of much less value than, those that are predicated of the patient.

In a very large number of cases, no one remedy corresponds to all the peculiar symptoms, but three or four seem to have equal numbers of them, and of approximately the same value. In such a state of affairs, the remedy that has also the common symptom best marked must prevail. It must ever be kept in

mind that *there must be a general correspondence between all the symptoms of the patient and those of the remedy*, and that, however helpful the peculiar symptoms may be in calling attention to certain remedies, yet they are not the sole guides ; for after all, it is the totality of the symptoms that determines the choice.

It is true that at times a brilliant cure has been made by a remedy that correspond only to those symptoms that were peculiar to the patient, and *was not known* to possess any strong resemblance to the common symptoms of the disease ; but even in such a case, it is almost absolutely certain that further provings will reveal that the remedy has the common symptoms also.

#### RANK OF SYMPTOMS

When using these peculiar and characteristic symptoms as the main guides in the selection of the remedy, it is important to bear in mind that they must be *equally well marked in patient and in remedy*. In other words, no difference how peculiar and outstanding a symptom may be, either in the patient or in the remedy, unless it be of equal grade in both, we must pay little heed to it.

For example, if a patient experiences occasional and slight heat in the soles of the feet at night in bed, this symptom would not be of much importance in selecting *Sulphur* as the remedy, because in that drug this symptom appears in such a vigorous and outstanding way that the provers declare that their feet burn at night as if they had been on fire.

Take a case of rheumatism, markedly aggravated in dry weather and better in damp. In such a case, the selection of *Phosphorus* as the remedy could not be based upon this modality, for while *Phosphorus* has it, it is only in the lowest degree.

Even in a case with, let us say, ten peculiar and characteristic symptoms, of which one remedy has eight, but of a very low rank, while another has only five, but of high rank and

corresponding to the rank of the symptoms as experienced by the patient, in such a case it is very improbable that the first medicine will prove to be the curative one. The second is much more likely to be so.

It is this question of rank of symptoms that is the chief objection to the numerical method of selecting the remedy. It seems to have fascinated some minds, for while it is laborious in the highest degree, it seems to promise certain and exact results ; but medicine—even homœopathic—is not yet an exact science, and it is extremely improbable it ever will be, even when we have perfected our armamentarium. Consequently, all such mechanical methods are to end in failure, for quality will ever be of infinitely more importance than mere quantity.

In opposition to this numerical method, some physicians have gone to the other extreme, and have been content to be guided in the selection of the remedy by one or two peculiar and outstanding symptoms, practically ignoring all the others, because they have overlooked the fact that, *unless there be a general correspondence between the symptoms of the patient and those of the remedy*, it is not reasonable to expect a cure.

This so-called "keynote" system of prescribing is very attractive, as it seems so easy, and saves all the laborious comparison of competing drugs that is involved in the numerical method and also because by means of it many brilliant cures have been made ; but it is, from its very nature, a wrong method, and in a large majority of cases is doomed to failure, because it ranks one or two symptoms very high and practically ignores the others.

Having discussed the difference in value, so far as the selection of the remedy is concerned, between the symptoms that signify the patient and those that signify the disease, we would turn to the other great division of symptoms—viz. the generals and the particulars.

#### GENERALS.

The general symptoms are those that affect the patient as a whole, and, because of this very fact, they are naturally of

higher value than the particulars, which affect only a given organ.

What the patient predicates of himself is usually general, as when he says, "I am thirsty," "I am sleepy"—thereby indicating that his whole being is so affected, and not merely one or two particular organs. So much higher may a general symptom rank that, if it be a strong and well-marked one, *it can overrule any number of even strong particulars.*

Let us take a case of gastric catarrh, with

Semi-lateral headache

Roaring in the ears.

Greasy taste.

Aversion to fat and butter which aggravate greatly.

Fullness and pressure of the stomach after eating

Flatulence.

Chilliness.

Vomiting of the food.

So far *Pulsatilla* and *Cyclamen* compete equally. If we have in addition

Diarrhoea only at night.

Nausea from hot but not from cold drinks.

Palpitation when lying on the left side.

Then the balance will turn towards *Puls.*

If we find that—

The patient has the greatest aversion to the cold open air,

It is always aggravated by the least cold

Then this one strong, general symptom would overrule the marked particulars that *Puls.* alone had, and declare plainly that *Puls.* could not be the remedy, notwithstanding the fact that it alone had the three strong particulars.

On the other hand, a number of *strong particulars* must not be neglected on account of one or even more *weak generals.*

Let us take another case of gastric catarrh, with

Severe pain over the right eye

Bitter eructations

Pain in the stomach

Worse from cold, and better from hot drinks

One cold and one hot foot.

So far *Lycopodium* and *Chelidonium* correspond about equally to the case. If there is in addition—

Constant pain under the inferior angle of the right scapula

A yellow-coated tongue with indented margins

Clay-coloured stools

No one would hesitate to give the preference to *Chel.* If, on further examining the case we find that

The patient always feels worse all over—though not in a very marked degree—after eating,

That he feels better moving about than when sitting,

These generals would be against *Chel* and in favour of *Lyc.* but they are *only weak and not strongly marked generals*, and consequently should not be allowed to overrule the *strong particulars* that indicate *Chel.*

1. Amongst general symptoms is to be included the mental state, which, reflecting the condition of the inmost part of man, is bound to be of the utmost importance, and—as Hahnemann so strongly insists—must always, if well marked, take the highest rank in the selection of the remedy. These symptoms are naturally the most difficult to elicit, for people, as a rule, shrink from revealing their inmost thoughts and motives, their hatreds and yearnings, their evil tendencies, and their delusions, etc., and it requires the greatest tact and a full knowledge of human nature to win the confidence of our patient, and so understand his deepest thoughts.

Of course, we are all aware of the value of the more common mental states, and these influence us, consciously or unconsciously, in the choice of our remedies. We all recognize, for example, the fastidiousness of *Arsenic*, “the gentleman with the gold-headed cane”; the irritability of *Bryonia*, *Chamomilla*, and *Nux vomica*; the gentle, yielding, lachrymose *Puls.*; the ever varying moods of *Ignatia*; the hauteur of *Platina*; the lack of self-confidence of *Silicea*; but there are many less apparent conditions which have to be deeply probed for, though when found are invaluable. Such are the presentiment of death of *Apis*; the lack of natural affection of *Sēpia* and *Phosphorus*;

the strange impulses to kill those dearest to them of *Mercurius* and *Nux* ; the suicidal promptings of *China*—not open and obvious like those of *Natrium sulph.*, but hidden, shamefaced, and mixed with fear. These latter, in the early stages, few patients care to allude to, yet their value to us is inexpressible. Even amongst the mental symptoms there are various ranks and consequently they vary greatly in their value.

All symptoms of the will and affections, including desires and aversions, are the most important, as they relate to the inmost in man. Of less value are those relating to the intellect, while those of memory are to be ranked lowest of this group.

2. Amongst our other generals are the effects of sleep and dreams—such as the aggravation after sleep of *Lachesis*, and *Sulphur* ; the aggravation from loss of sleep of *Cocculus* ; and the great relief from sleep of *Phos* and *Sepia*.

Again, how often has the study of the dreams revealed the hidden key to the remedy ! For in sleep man is off his guard, and his subconscious self can as-ort itself, and under such circumstances the veil is often lifted a little, so that we are able to apprehend in some degree the deep and hidden mysteries of that disordered life we call disease. Of course, such dreams must be regular and persistent to make them of value, and great care must be taken to eliminate the effect of all external influence.

I recall a case of aortic aneurism, giving rise to much pain and many other pressure symptoms. The patient had not the slightest idea what his disease was, yet he dreamed night after night, of pools and seas of blood, and so distressing was this that sleep was one wild nightmare. The other symptoms were valueless so far as the selection of the remedy was concerned ; but, taking the dreams as my guide I gave *Solanum tuberosum ægrotans*, which completely removed the dreams, and so relieved the pains that he went down to his grave in peace.

3. But one grand general, viz., the effect of different temperatures upon the patient as a whole—is often of the greatest service in calling our attention to special groups of remedies and excluding other groups, so that the labour of



selection is thereby greatly lessened. It is by no means always an easy general to use—in fact, I am more careful in questioning patients with regard to this than with regard to anything else.

How often, in response to our question as to how they are affected by heat and cold, they will reply · “Oh ! I can't stand heat !” But, on inquiry, you discover they hate cold, but cannot stand a close, stuffy place , or perhaps they may say so because they are worse in summer—which is not necessarily the same as aggravation from heat, for summer, in this climate at any rate, means more than heat

Another frequent source of error is the tendency to mistake any undue readiness to perspire as an indication that heat aggravates. On the other hand, many confuse an undue tendency to catch cold with aggravation from cold, but when we have eliminated these errors and find the patient markedly aggravated as a whole by heat or cold, we are greatly aided in our choice of remedy.

The question of temperature is often very valuable when the body as a whole is markedly affected by one temperature, and some special organ by the opposite : for example, we find a general shrinking from cold under *Ammonium carb.* and *Carbo vegetabilis*, yet then respiration is relieved by cold air. *Cycl.* has the same aggravation, except for its cough and some headache , *China*, except for its stomach symptoms ; *Phosphorus*, except for its headache and stomach symptoms , as a patient suffering from headache and general rheumatism of the body remarked, if he could only have his body in a bath and his head in an ice-tub, he would be supremely happy.

Conversely, the general aggravation of heat of *Lyc* , except for its stomach and some rheumatic symptoms , of *Secale*, except for some headaches and neuralgias, illustrates the value of this general. The exquisite sensitiveness of the mercurial condition to both extremes of temperature, finding comfort only at a medium temperature, is doubtless known to all of us, and must often have served us in good stead when the other mercurial symptoms were absent.

4. There is little need to call attention to the general effect of the various weathers, but many a valuable hint is obtainable from them, not only in a positive but also in a negative way. In many conditions such as rheumatism, where we expect as a rule to have an aggravation from weather changes, the absence of such an aggravation becomes peculiar and characteristic, and enables us to throw out of consideration whole groups of remedies

For example, where change of weather does not influence a rheumatism, we can safely exclude *Dulcamara*, *Nux moschata*, *Phos*, *Ranunculus bulbosus*, *Rhododendron*, *Rhus*, *Sil.*, *Tuberc.*; if wet weather does not affect, we can eliminate *Calc.*, *Merc.*, *Natrium carb.*, *Natrium sulph.*, and *Uta*. Such negative conditions are not sufficiently used

While the mere absence of particular symptoms that strongly characterize a remedy cannot be relied on as excluding that medicine, yet when strong generals that characterize the remedy are absent we can, with a fair degree of confidence, exclude that remedy, simply because each drug is a unity, and such characteristic generals are their very web and woof.

5. Amongst the generals must be included the influence of the various positions, such as the strong aggravation of most symptoms by standing, of *Sulphur* and *Valerian*; the aggravation of lying on the right side, of *Merc.*; the peculiar aggravation of *Phos*, when lying on the left, yet aggravation of the head symptoms when lying on the right. To be of any value as a general symptom, the patient as a whole must be markedly influenced by these, and if only one organ is so affected they take only low rank, being particulars.

6. The tendency of disease to affect particular parts of the body is often well marked, and may be a general of considerable value. Such, for example, is the semi-lateral nature of many illnesses that require *Alumina*, *Kali carb.*, *Phos. acid.*; or, if the right side is mainly affected, *Apis*, *Bell.* and *Lyc.*; or, if left-sided, *Argentum nit.* *Lach.* and *Phos.* Again, how often has the oblique appearance of symptoms led to the choice of *Agaricus* or

*Asclepias tuberosa* as the remedy, and even more frequently the appearance of symptoms on alternate sides has led to a cure by *Lac caninum*.

7. Let us consider how profoundly time influences our diseases, and how common it is to find the symptoms aggravated regularly at particular hours. Here, indeed, is a valuable and great general whose proper use will enable us many a time to decide which is the true remedy. It may be the morning aggravation of *Chel.*, *Natrum mur* or *Nux*, or the evening one of *Bry.*, *Bell.* or *Puls* perhaps coupled in the latter remedy with the exceptional aggravation of the stomach symptoms in the morning.

Or, if we find the cases characterised by periodic return of the symptoms whether it be daily, as in *Arsena*, or on alternate days, as in *Chininum sulph* or *Lucca*; or every two weeks, as in *Ars.* or *Lach*—we here, again, have a general of the greatest value. It is worthy of note that the less the disease, that happens to be under consideration, is itself normally characterized by periodicity, the more does this periodic return of symptoms indicate special remedies which have this characteristic in a marked degree. This is well exemplified in the case of ague, which is normally characterized by the periodic return of paroxysms at fixed intervals, due as we are all now aware to the segmentation of each variety of the parasite at definite times. The mere fact that this periodicity is common to the disease, and hence not peculiar to the individual patient, has led the most successful prescribers for this disease to base their prescription on other factors that are present, rather than on the periodicity, though of course, by no means excluding it from consideration.

8. The various cravings for, and aversions to, various substances are as a rule general symptoms, for they depend upon some deep need in the body as a whole, and, if outstanding and definite, must always take high rank. It is easy to understand many of these, such as the aversion to fat of *Puls.*, for it also disagrees, or perhaps, also, the craving for salt of *Natrum mur.*;

but the reason for many others is utterly beyond our ken at present.

For example, an intense craving for pork in a case of rheumatoid arthritis, which presented no symptoms beyond those common to this disease, put me upon the track of *Crotalus* and led to the cure of the case, though the patient had been bed-ridden for over six months.

9. One more of these general symptoms I would allude to—viz.: the influence of eating. Of course, so far as it affects the stomach directly, it is only a particular, and we do not, as a rule, find it to be of much help in the selection of the remedy, but when the man as a whole is thereby influenced, and states that he feels better, or worse, all over, by eating, then it becomes a general of high rank. Especially is this the case when symptoms in parts far distant from the stomach are so influenced, such as aggravation of pains in the limbs of *Indigo*, or the amelioration of *Natrum carb.*, or *Kali bichromicum*.

The effect of special foods is at times general, affecting the man as a whole, but as a rule, they affect only the digestive organs and in that case are merely particulars. It is through forgetting this distinction that all of us at times rank their influence too high, and are disappointed when remedies, selected more or less in accordance with them, fail to cure the case.

10. The special senses are often so closely related to the whole man that many of their symptoms are general. For example, when the patient states that the smell of food sickens him, this is a general, but if he only experiences a subjective, offensive smell in the nose, this would merely relate to the one organ and consequently would be only a particular, and of comparatively low rank.

11. General symptoms are not always recognized at once to be so, but examining a series of particular organs we find that a symptom or modality runs so strongly through them all that it may be predicated of the patient himself. Here we have general made up of a series of particulars.

For example, if we take a case in which, wherever the pain happens to be felt, whether in chest, or head, or limbs, there is relief from being on the painful side this becomes so common as to characterize the patient as a whole, or, if we find that in all organs and tissues affected the pains are boring from within outwards, as we find under *Asafetida*, then this symptom can be raised from being an ordinary particular to a general of low rank; or, if the pains, wherever they may chance to be located, are always associated with numbness, as in cases requiring *Plat.* or *Cham.*, then this may also be regarded as general, though, of course, of a comparatively low rank.

But there is a real danger in over doing this dependence on generals in the selection of the remedy, and a glaring example of this is seen in Bonninghausen's *Pocket Book*. In this he overdid the generals, for he generalized many rubrics that were only particulars.

For example, 'writing' is a rubric of particulars and in no instance is the patient himself worse from writing, but in some cases it is the eyes, from looking, in others the hand, from exertion; or in others, the back from sitting bent. If we are searching for the remedy for a headache aggravated by writing, a rubric composed after this manner would be useless. But the rubric, "aggravation from motion" is on quite a different footing, for, if we have a case requiring, say, *Bryonia*, we find so many particulars aggravated by motion that it appears that the very patient himself is worse from motion, and consequently in this case motion is a general.

12. There is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole. For lack of a better work, we speak of, let us say, the "*Sepia*" constitution, meaning thereby that special diseased condition of the mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernable by all, and capable of being described in words—such as the leucophlegmatic constitution of

*Calc.* ; the tall, thin narrow-chested one of *Phosphorus* ; or "the lean stooping, ragged philosopher," as Hering called the *Sulphur* patient. Far oftener it is something much more subtle, such as that of *Arg. nit.*, with its fears and anxieties and hidden, irrationall motives for all it does.

To very few of us is it given to penetrate into these secrets, and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing element in the whole case. The masters in our art are those who have had power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos.

#### PARTICULARS.

While the general symptoms are of the highest rank, as a rule, simply because they relate to the man as a whole, we must on no account undervalue the particulars. In fact, many cases seem to be composed only of particulars, and have few or no generals of any importance. In such a case, where no one remedy corresponds to the case as a whole, we must base our selection upon those particulars that are most characteristic and peculiar, for it must be borne in mind that both generals and particulars may be either characteristic and peculiar with, say, a vague aggravation from cold and damp, an indefinite depression of spirits, or an irritability without any qualifying conditions, or not of much intensity—then the characteristic particulars must lead.

1. There is one matter in connection with prescribing for the particulars that may give rise to a difficulty in selection of the remedy. In alternating complaints, such as of eye and stomach, we may find that, say, *Euphrasia* is more sharply related to the eye-symptoms than the deep acting remedy that best fits the whole case, and that *Puls.* corresponds to the stomach ones

better than the deep-acting one does. We must ever remember that there is one deep-acting remedy that is more similar to the whole patient than these special remedies, because it corresponds better to the general symptoms.

I have previously quoted Hahnemann and Kent with regard to the importance of paying heed mainly to the symptoms that are peculiar, but this is only one aspect of the truth ; for the highest rank of all belongs to those symptoms that not only are peculiar, but are also general.

A very good example of this is a case with a very high fever, let us say, of 105 degrees, yet without the least thirst. Here we have without doubt a very peculiar symptom, for the absence of thirst with such a temperature is a most unusual thing, and this thirstlessness is a general, for it is the whole man that is thirstless. Of course, if we had only temperature of, say 101 degrees, this symptom would not be specially characteristic, and consequently of comparatively low rank.

2. Before we pass from the consideration of particulars, I would call attention to the fact that common particulars may in certain circumstances assume a comparatively high rank. Two common symptoms which, if they appeared alone, would be of little importance, when associated, at once become of considerable value--the coryza with polyuria of *Calc.* is a good example of this. In this connection it is worth noting that a remedy can cure groups of symptoms, even where they did not appear as concomitants in the proving, and this is the case even when the components of the group were observed by quite separate provers. Kent, in his great repertory, has left out the majority of concomitants, and has retained only those few that abundant clinical experience has demonstrated to be frequently associated.

Other examples of this raising of the rank of common symptom are :—

Where the common symptom is associated with a peculiar modality, such as the chilliness of *Puls.*, worse near the fire.

Or a special localization may emphasize a quite common symptom, such as the aching pain at the inferior angle of the right scapula of *Chel.*

Or finally, the mere intensity of a common symptom, such as the overwhelming sleepiness of *Nur m.*, gives it a value that otherwise it would not possess

#### OTHER IMPORTANT CLASSES.

1. Ranking close behind, or even at times taking precedence of the peculiar and general symptoms, must be placed the last-appearing symptoms of a case. These symptoms, to be of any real importance, must, of course, be outstanding and definite, and if so they are always of the first importance in the choice of the remedy. So much is this the case that, where no remedy can be discovered that corresponds to the case as a whole, it is at times necessary to be guided almost exclusively by them. When so prescribing, it is not to be expected that the remedy will influence the case very deeply, or cause any markedly curative results; but it will modify the symptoms and open up the way for other remedies.

The foregoing refers to the symptoms that have been the last to appear, before homœopathic treatment was instituted, but even when the appropriate homœopathic remedy has been given and modified the case, and new symptoms have appeared, the same law holds good. Hering, however, cautions us to note that these new symptoms will generally be found amongst the symptoms of the last-given remedy, but only of low rank, and not guiding in the choice of the second remedy.

These new, or last appearing, symptoms may be old ones which had disappeared many years ago, and have now returned through the action of the first remedy. Accordingly, before using them as guides in the selection of the second remedy, we must have patience and make sure that their return is permanent, and not merely a temporary reappearance while on the way to final extinction.



2. Another very important rule of Hering's, the observance of which will often prevent many mistakes and save much study, is : that the second remedy must bear a complementary relation to the first ; and hence the last remedy that has *acted*, either homœopathic, or allopathic, forms one of the most important guides in the selection of the second. The knowledge of this rule is a great time—and trouble-saver, for in the majority of cases, a reference to the tables of related medicine would enable us to select with ease the remedy that is to follow.

3. Toward the beginning of this lecture, I made passing mention of the value of old symptoms which had long ago disappeared, pointing out that, for many reasons, they are often of very uncertain value. While it is seldom advisable to give them any very high rank in the selection of the remedy, yet they are of the utmost value in confirming the choice of remedy, or in differentiating between competing remedies selected in accordance with the now active symptoms.

As an example of this, Kent mentions the case of a man who had long suffered from neuritis of the limbs, whose present symptoms did not point decisively to any one of five or six competing remedies. It was discovered that in infancy he had been affected by *eczema capitis*, very similar to that caused by *Mezerium*, one of the competing remedies, and on examination of the pains in the limbs produced by that remedy it was found that they closely resembled those now experienced by the patient. This remedy proved curative and reproduced the original eruption.

Dunham's well-known cure of deafness by the same remedy is another example of this use of old symptoms.

4. In the cases just mentioned, the diseases cured were not characterized by any marked pathological changes, but in cases where these changes have become quite definite it is useless, in the majority of cases, to prescribe upon the symptoms that now present themselves. We must here also seek to discover the primitive symptoms that the patient experienced long before any definite pathological change took place ; and

though the task, as I stated, is difficult, yet we can often obtain enough data upon which to base our prescription.

5. I need hardly say that no one, even when he has been able to obtain the fullest and most accurate description of these old symptoms, expects to be able to cure diseases that have advanced so far as to lead to practical destruction of organs and tissues. It is only the beginnings of such processes that are amenable to medicines, so far positive cure is concerned.

Even in comparatively recent and uncomplicated cases of chronic disease, when the symptoms have been suppressed and the whole character of the disease changed, the symptoms that now present themselves must, in the great majority of cases, be our guides, though at times it may be necessary to select from amongst the competing remedies one that is known to have an antidotal relation to the suppressing drug. That is not, however, invariably the case, and it is at times necessary to give the original symptoms the higher rank and to be guided by them, to the exclusion of those now present.

As an example of this, an otherwise healthy young man, who had suffered for over a year from sciatica, presented himself with stitching, cutting pains in the calf, worse at night, better from heat, worse in motion, relieved by flexing the limb. *Coloc.* and other drugs failed to give relief. It was found that the disease, which was originally located in the upper part of the nerve, had been vigorously treated by external applications, with the result that not only was the situation of the pain altered but its character and modalities had been completely changed. The original pain was of a tearing nature, and was greatly aggravated by sitting—not quite so severely felt while walking—and there was almost complete relief when lying down. *Ammon mur.*, selected in accordance with these old symptoms, promptly cured.

7. Tonight I can make only passing reference to the so-called primary and secondary effects of drugs, to which some good

prescribers have assigned different values in the selection of the remedy. So far as my experience goes, it does not seem to matter in what order the symptoms may appear in a proving—if the remedy can produce them, it will also cure them, irrespective of their position in the disease, and, consequently, so far as rank is concerned we cannot differentiate between them.

#### PATHOLOGY.

I stated at the beginning of this lecture that Hahnemann insisted that we must be guided in the choice of the remedy almost exclusively by the symptoms, to the practical exclusion of pathology, but I think there is a good deal of confusion with regard to this matter. So far as I can see, Hahnemann did not object to the use of the pathological changes as guides for theoretical reasons, but only for practical ones.

It is true that to a limited extent it is practical to use pathology as our guide, and we all do so use it. Whenever we have to prescribe for eruptions or ulcers—which are, after all, pathological changes—we do not hesitate to be governed by anything that is peculiar or characteristic about them, such as their colour, shape and position, because by means of these peculiarities we can differentiate. But, when we come to deal with gross pathological changes in the deeper organs we meet with two difficulties.

In the first place, we are unable in the living patient to determine those minute differences, though doubtless they do exist, which, if discernable, would enable us to differentiate.

And, in the second place, very few of our remedies have had their provings pushed far enough to cause corresponding pathological changes.

These, I take it, are the practical reasons that led Hahnemann to ignore pathology; and, though our knowledge of this subject has enormously advanced since his day, his reasons still hold good.

But we cannot, even in the selection of the remedy—to say nothing of its absolute necessity in all questions of diagnosis and prognosis—ignore pathology, for without it we cannot understand the true course and progress of a disease. Only by means of it can we know the symptoms that are common to the disease, and hence those that are peculiar to the patient. We also thereby know, at certain stages of some diseases, no matter how similar the symptoms produced by certain remedies may appear to those of the patient, yet that, owing to the superficial character of their action, it is not possible for them to prove curative.

For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for *Acon*, we know that this remedy, owing to the superficial nature of its action, cannot produce such a condition, and closer examination will reveal that some deeper-acting remedy, such as *Sulphur* or *Lyc.* is needed.

Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy. We must clearly understand that *it is the patient that is curable*, and not the disease, and without a proper understanding of pathology we are liable to err.

Take a case of inflammation of a joint that has gone to ankylosis - the suitable remedy will cure the inflammation, but will be powerless to break down the adhesions, and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow and perhaps may be absorbed, but very often it persists, and must be removed by the knife.

Pathology also warns us that it is dangerous to attempt to cure certain conditions of diseases, such as advanced phthisis, or deeply situated abscesses, or where foreign bodies are encysted near vital organs. In such cases, Nature can cure only by ulcerating out the foreign substance, and the exhaustion entailed by such an operation is often fatal. Of course, in such cases, if a surgical operation is not deemed advisable, we can do

much to relieve by means of short-acting remedies which have no tendency to excite Nature to get rid of the foreign body or dead tissue by suppuration.

### CHRONIC MIASMS.

I now come to a matter which has given rise to the sharpest controversy in the past, and which many have absolutely rejected, viz, Hahnemann's doctrine of psora. I would not have alluded to it this evening, after having spoken of so many things that I cannot expect all to accept, unless it had been that the discussion of the comparative rank of symptoms would not be complete unless this matter was considered.

All are agreed, at any rate, on the existence of the two other chronic diseases, viz, Syphilis and Sycosis, and I would like to indicate, before closing, the views of the man who more than any one—even more than Benninghausen—has elucidated the course and progress of these diseases—I mean, of course, James T. Kent.

Kent holds that these chronic diseases may exist either in an active or a latent condition and may present themselves in three ways, viz.,

As a single miasm.

Two or three miasms co-existing or separate, but only one active at a time.

Two or three miasms forming a complex.

But, to come to the point we are interested in this evening, both Hahnemann and Kent teach that we must attack the one that is uppermost at the time, and ignore the symptoms of those that are latent, except in the last monstrous phase, where two or three form a complex, which is a rare thing, seldom brought about except by the prolonged abuse of unsuitable remedies.

Where two miasms, say syphilis and sycosis, co-exist, it is not uncommon to find them alternating, though only one is active at a time. In such a state of affairs we naturally will

select the remedy solely in accordance with the symptoms of the now active miasm, and ignore those of the one that has become temporarily latent—in other words, only the symptoms of the active one have any value in the selection of the remedy that is required at the moment.

Such, gentlemen, is a very imperfect sketch of the rules that must guide us in determining the comparative value of the different classes of symptoms, a matter of the utmost practical importance in connection with the problem of the cure of complex chronic diseases.

And it is solely by our success in the treatment of this class of disease that we can hope to convince our brethren of the old school that the true and only law of cure is that of *similia similibus curantur*.

—The Homœopathic Recorder  
Vol. XLIV, No. 12.

## RELATA REFERO

The pioneer evangelist of Homœopathy in India—Rajinder Dutt passed away on the 5th June 1889. A brief biography of this great son of India appeared in the Homœopathic Herald, Vol. II, No. 8. The month of June this year has just closed without Bengal's Homœopathic Medical profession paying homage to the sacred memory of this irresistible converter of Dr. Mahendra Lal Sircar. It needs a Dr. Sircar to appreciate a Rajinder Dutt, but the type of the former is apparently extinct now. "The prophet is without honour in his own family." Let us remember, the present forfeits its future by forgetting the past.

"*Observateur*."

## CLINICAL CASES\*

(R. R. Pai, M B, B. S.)

*Case : No. 1. Asthma.*

A tall man ; age, about 40 years. Suffering from asthma for the last 3 years. Asthma -not hereditary ; took every possible allopathic treatment, including neo-salvarsan treatment, the latter gave him temporary relief.

The following is the case record :—

1. Tendency to take cold ; followed by asthma.
2. Cold drinks, always excited
3. Worse in rainy season , and by eating meat.
4. Sneezing, early morning.
5. Felt nostril blocked in coryza.
6. Scabies-persistent-on legs and hands.
7. Sleepless-in the latter part of night.
8. Pain in rt. hypochondriac region, on pressure.
9. Pain, on pressure, in lumbar ( kidney ) region.
10. Constipation due to hard and black fecal masses.

\* Extract of a paper read at the monthly clinical meeting of the Homoeopathic Post-Graduate Association, Bombay, on 4th *December*, 1939. The Presentation of the selection of the indicated remedies in cases No 1 & No 2 is done by Dr. L. D. Dhawale, at the request of Dr. Pai who had already selected the same remedies through a more elaborate method

11. Burning heat of palms and soles—more in soles.

The case was repertorized with the aid of *Bœnninghausen's Therapeutic Pocket Book by Allen*. The following rubrics were selected :—

(1) Wet weather agg., P. 309. (2) Meat agg., P. 283. (3) Tendency to take cold, P. 148. (4) Stopped, coryza, P. 47. (5) Sneezing, P. 49. (6) Accompanying symptoms of nasal discharges, P. 49. (7) Left side-nose, P. 49. (8) Scabies skin, P. 210. (9) Burning in special parts external, P. 257. (10) Palms, P. 132. (11) Soles, P. 138.

The result was :—*Merc.*  $\frac{1}{3}$  ; *Puls.*  $\frac{1}{16}$  ; *Sil.*  $\frac{1}{3}$  ; *Sul.*  $\frac{1}{16}$ .

Of these drugs, *Merc* and *Sulph.* are antidotes to Arsenic. Very often the remedies indicated after an injection of neo-salvarsan are among the group of the remedies which antidote *Arsenic*.

Evidently Sulphur is better indicated in this case, it being the chief antipsoric

*Sulphur 30*, one dose, with sufficient sac. lac. was given. Improvement set in after 4 days and it continued for 2 months. At the end of this period he saw me to get himself treated for erysipelous condition of left leg, associated with aching all over the body and pain in the joints, tongue being red at tip. *Rhus tox 30*, at infrequent intervals, given 3ce relieved him of this trouble. He has remained up till now without any relapse of his asthmatic troubles.



*Case : No 2. Asthma.*

A tall, lean man ; age, about 35 years, of a mild temperament, very talkative ; father of 6 children.

The following is his case record :—

1. Tendency to take cold, early in the morning, before rising.
2. Sneezing, brought on readily by fan-wind.
3. Watery secretion from nose.
4. Cough, dry, worse in the morning.
5. Asthma, usually in the night, 9 P. M. or 1 A. M.
6. Asthma, preceded by scanty urine. ameliorated after profuse urination.
7. Asthma affected by moon phases.
8. Abdomen—flatulence.
9. *Likes* milk, but is afraid to drink for fear of aggravation. *Likes* eggs and sweets. *Aversion* to fish.
10. Worse, by milk and meat.
11. Worse by noise.
12. Thirst for large quantity of cold water.
13. Generally worse in the latter part of night.
14. Weakness.
15. Sleep, disturbed.
16. A nodule in the left breast—disappeared, then in the rt. side ; painful on pressure and to touch.

Refering to *Boger's Synoptic Key* one gets, on combining :

Moon Phases, Agg., P. 8-1, with, urinating, amel. P. 12-1.

*Lyc.* 2+3 ; *Sil.* 3+1.

Page 15. Tendency to take *cold*, lacks in *Lyc.* but is prominent with *Sil.* Of regions affected by *Sil.*, glands is one, not so with *Lyc.*

*Sil.* 30, improved his condition and remained so from 6-3-1939 to 28-5-1939, on *Sil.* 30 being again repeated twice during this period.

On 28-5-39 he became worse on eating to his heart's content, custard prepared from the "first-day" milk of a newly confined she buffalo. His liver was enlarged, abdomen was bloated, worse from 4 to 8 P. M. ; his appetite was lost and he appeared asthmatic. *Lyc.* 30, administered 4 to 5 times, during the course of a month and half, relieved him of this digestive disturbance. I had to fall back again on *Sil.* 30 to complete his cure.

*Case No 3.<sup>1</sup> — Affection of the lung.*

A man of a medium stature, aged about 22 years, working in a textile mill, came under my observation for fever, in the month of May, 1939. A year previous to that, he was treated by me, in the same month, for pyelitis of the left kidney.

On clinical examination, I found a definite mischief in the upper lobe of the lung, on right side.

The following are the points recorded on the case sheet :—

1. Fever, 101. 4<sup>0</sup>, F. with profuse sweat below neck ; pulse, 114 per minute.

2. Nasal discharge, right side, first watery then slimy, worse in the first part of the night.

3. Cough more at night, after 2 A. M., worse by lying on the left side and also by lying on back, with lumpy expectoration of a white or yellow colour.

4. Desire for spicy diet ; thirst for large quantities of cold water ; aggravated by milk.

5. Fleeting pains all over the body ; pain in the right side of throat and in the right ear.

6. Sleeplessness in the latter part of night.

I could not make up my mind as to whether it was a case of unresolved pneumonia or a case of pulmonary tuberculosis ; the patient was not in a condition to afford to get his sputum examined for T. B.

On repertorization, *Phos.* stood very high, the other remedies in order of valuation, being *Sil.*, *Ars.*, *Merc.*, *Puls.*, & *Bry.*

I was nervous to give Phosphorus lest it might be a case of pulmonary tuberculosis ! I therefore decided to give him Calc. phos., 6x and Kali phos., 6x and bid for time to a certain extent. Within a fortnight, the general condition of the patient improved in various respects except fever which was highest in the forepart of night. The same and also other remedies were given without much benefit, till 19-7-1939. I suddenly thought<sup>2</sup> of *Psorinum*<sup>3</sup> on account of the family history of chronic psoric infection and made up my mind to administer same to the patient. *Psor.* 30, one dose, brought the temperature down same day and the

fever continued to be normal for nearly a fortnight, after which, on 4-8-1939, another dose of *Psor.* 30 was administered. That has kept the temperature normal, even to date ! *Calc. Phos.* 6x and *Kali Phos.* 6x were administered in between the two doses of *Psor.*, with the result that his weight increased and his general health improved to a great extent. Adventitious sounds in the apex of the rt. lung have disappeared. The tissue salts were continued for a month more before the patient was discharged. He has been advised to report immediately to me, no sooner he gets any relapse of his complaint.

1. One can zig-zag one's way but then there is a straight way in between.—L. D. D.

2 "The art of pharmaco-therapeutics in general, and of homœopathy in particular, is not advanced by such work. What we need is clean-cut, scientific work; work capable of being rationally explained and verified, results by the intelligent application of a definite principle and a perfected technic in a sharply delimited field" — THE GENIUS OF HOMŒOPATHY by Stuart Close, M. D., p 37, para 3. —L. D. D.

3. "Psorinum should not be given for psora or the psoric diathesis, but like every other remedy, upon a strict individualization—the totality of the symptoms—and then we realize its wonderful work." KEYNOTES and CHARACTERISTICS by H. C. Allen, M. D. —L. D. D.

## DROPSY OR OEDEMA

D. C. Das Gupta, M. B. (CAL. UNIV.)

[ Continued from page 169 ]

The clinical causes of œdema may be due to the following conditions :—

(a) *Those due to cardiac insufficiency*—here the dropsy starts and predominates in the most dependent parts, that is, in the feet and ankles, and on the back if the patient has been lying in bed.

(b) *Dropsy due to hepatic diseases*—always begins and predominates in the abdomen although the legs may subsequently swell by reason of pressure of the fluid on the veins in the abdominal cavity.

(c) *Dropsy due to renal diseases*—starts at eye lid and face and are general in distribution.

(d) Besides these some swelling of the ankles at the end of the day is seen in *Anæmia*.

(e) Pressure upon the veins or lymphatics from a *gravid uterus, abdominal tumour* cause œdema.

(f) *Epidemic dropsy* and *Beri-Beri* cause œdema of legs.

### Treatment :

The treatment of dropsy comes under two heads—*medicinal* and *dietitic*.

The drugs most useful are :—

Acetic Acid ; Antim Tart ; Apis Mel.; Apocyn. can ; Arsenic alb ; Asparagus ; Aurum met ;

Baryta c ; Bryonia alb ; Camphor · Cantharis ; Carbo veg ; Chimaphila ; China ; Chelidonium ; Colchicum ; Conium mac ; Digitalis ; Dulcamara ; Erigeron ; Ferrum met ; Fluor. Ac ; Helleborus ; Helonias ; Hep. sulph ; Hyosc ; Iris v ; Kali c ; Kalmia ; Lact. ac ; Lachesis ; Ledum ; Leptandra ; Lycopodium ; Merc sol ; Mur ac ; Natr mur ; Phos ; Ran. bulb ; Rhus t. Sabadilla ; Sabina ; Sambucus ; Squill ; Silicea ; Sulph ; Terebinth ; Verat vir ; Zinc met

These drugs may be grouped into three different classes—(i) those from animal sources (ii) those from vegetable kingdom (iii) those derived from chemicals or minerals.

In the above list of drugs only three drugs are taken from the animal kingdom—Apis and Cantharis belong to the class *Insecta* and Lachesis belongs to *Reptilia*. Nothing can be drawn from this classification of these three drugs.

Of the drugs derived from Vegetable kingdom, which are 26 in number we find that all of them belong to different Natural Orders except 12. These 12 drugs come under 4 Natural Orders.

(a) *Liliacea*—Asparagus, Helonias, Sabadilla, Squill, Veratrum vir.

(b) *Ericacea*—Chimaphila, Kalmia, Ledum Pal.

(c) *Scrophulariaceae*—Digitalis, Leptandra.

(d) *Solanaceæ*—Dulcamara, Hyoscyamus.

Even from such a classification we cannot find any light leading to the therapeutic value of these drugs. There is hardly anything common in

them—some grow in meadows, some are wild, others are cultivated and still others grow in damp places or mountain regions.

The drugs taken from chemical or mineral sources show no brighter picture from such point of view and we are thus obliged to gather the therapeutic value either from the provings or experience by clinical uses or from both.

From my personal experience in a large number of cases I have found that whatever may be the cause and whatever may be the symptoms, unless some other remedy is very strongly indicated or there is some very special indication, the patient should be given *Lycopodium*. After taking 2 or 3 doses of *Lycopodium* 30, if the patient seems to improve, wait and watch the result. Do not give any more medicine if there is sufficient improvement and allow the action to continue. If there is no improvement or the improvement be very slight, *Apis* should be given. If the trouble still persists, *Ars. a.* should then be given. The additional indications for these three main remedies are given below.

*Lycopodium* will suit cases whether arising from cardiac, renal or liver troubles. Dropsy is prominent *particularly in the lower half in the body*; urine scanty; hypertrophy of the heart and dyspnoea, worse when lying on back or from motion. The swollen legs are covered with ulcers from which serum continually oozes—this condition is seen in two other drugs, namely *Rhus tox* and *Arsenic alb.*

*Apis mel* will be more suited to cases of renal and cardiac origin. The urine is scanty, albuminous, and *full of casts*; swelling about the eyelids; feet œdematous; great ascites with great soreness of abdominal walls; great dyspnœa, cannot get breath except when sitting up; absence of thirst; the surface of the body feels sore and bruised, in some cases the pain is of burning character; pale waxen skin; eruption resembling nettle-rash, red pimples or erysepelalous rosy appearance of the anasaruous limbs.

*Arsenic alb.* has been useful for conditions arising from cardiac, liver or kidney disorder. It has been named the 'great medicinal trocar'. The urine is dark, casts abundant, dyspnœa worse when lying down; œdema of face and of the lower extremities, eating and drinking cause vomiting. "The œdema of Arsenic is more or less general, beginning with puffiness of the eyes and swelling of the feet and ending in general anasarca." "There are spells of suffocation, worse at night, particularly after midnight and on lying down. The skin is cool and clammy, while internally the patient is burning hot." "Little blisters form in the œdematous legs and these burst and serum oozes forth. The skin itself is rather tense and has a pale waxen hue." *Farrington* differentiates *Apis* and *Arsenic alb.* as follows: *Arsenic a.* has the same transparency of the skin, and is also of use in dropsies of renal, cardiac or hepatic origin. *The difference between the two remedies are these:* *Arsenic* has intolerable thirst, but the patient usually drinks only



a small quantity at a time, because water annoys the stomach. Eating and drinking both cause vomiting. The patient exhibits marked restlessness. But the real difference between Apis and Arsenic is one of degree. Arsenic is more deeper in action and hence indicated in more advanced cases and the Arsenic patient always presents more irritability of fibre. Both Arsenic and Lycopodium can be used before and after Apis ; Lycopodium can be used both before and after Arsenic

The next group of remedies are—Apocyn c., Aur. met., China, Digitalis, Hellebore, Sulph. The value of these remedies is more or less as palliatives. *Apocyn c.* has sluggishness of all functions and there is great debility. There is a sense of oppression in epigastrium and chest ; fluttering of heart ; pulse irregular and intermittent, and sometimes extremely feeble ; the stomach is in an irritable state, so that he cannot retain any food, not even water. Apocyn. can. will be more suitable for the cardiac than the renal cases. FARRINGTON says that it is much used for general dropsies, swelling of any part of the body, ascites, hydrothorax, etc. usually without any organic disease as cause. Apocyn. can. should be used in the mother tincture, and it is better that it should be freshly prepared. *Aurum met.* is useful in cases from cardiac and hepatic troubles, specially with cirrhosis of liver ; there is fatty degeneration of heart. *China* should be thought of where there is much drain on the system ; history of anæmia or excesses ; in drunkards ; old people and cases connected with liver troubles.

*Digitalis* for cardiac cases; heart weak and irregular; cyanosis; doughy swelling of the abdomen; scanty albuminous urine; characteristic slow pulse which may be even slower than the beating of the heart; there may be a cold sweat on the surface of the body. *Helleborus* should be remembered in dropsies and ascites following intermittent fever in scrofulous children; in acute cases specially after specific infectious diseases; great debility; urine, scanty, albuminous and with casts; difficulty of breathing—the patient breathes easier when lying down. *Sulphur* should always be remembered as a great absorber of fluids.

The third set of remedies are Acetic ac., Asparagus, Bryonia, Cantharis, Chelidonium, Colchicum, Dulcamara, and Flouric acid. Great emaciation and prominent gastric symptoms are the leading factors in the selection of *Acetic ac.* in cases of dropsy. Its position is somewhat between *Apis* and *Arsenic a.* It is useful when the face and limbs have a wax-like appearance; it is specially indicated when the abdomen is belching, water-brash, diarrhœa; thirst is present (absent in *Apis*). *Asparagus* suits old people with weak pulse and pain about the left acromion. *Bryonia* may be useful after specific infectious diseases; the œdema increases by day, becomes less at night; great thirst and scanty urine. *Cantharis*, dropsy from atony of urinary organs; painful urination and great emaciation.

The following case of ascites was cured by *Hempel* with *Chelidonium*. A boy was attacked with light

yellow, watery diarrhœa; in few days ascites supervened. Complexion very pale and sallow; urine scanty, light yellow, clear and sour; the palms of hands looked remarkably yellow. *Chelidonium* cured him in a week.

*Colchicum*, acute cases in connection with renal affections; it is indicated in dropsy with suppression of urine; the urine is scanty and contains blood and albumin; there is constant urging to urinate but little is voided. *Dulcamara* is useful for sudden anasarca after exposure to cold or after drenching. *Plouric acid*, after abuse of alcohol; general emaciation; genitals terribly swollen; great œdema of lower limbs from feet to abdomen.

Coming to the dietetic portion of the treatment of cases of dropsy we find that almost all the schools of treatment agree in giving a salt-free diet. The allowance of salt in the diet should depend on the amount of chlorides retained. More energetic physicians withhold water altogether and give milk instead. Though this practice is extremely hard on patients, yet when pursued, often leads to excellent results. It is more prudent to follow a middle course, that is, to allow water very sparingly. Milk with well-boiled old rice and *Man manda* ( मान मण्ड ) \* form traditional articles of diet in cases of dropsy.

The bowels should be kept clean and steps should be taken to ensure free drainage of urine. Cold and chill should be strictly avoided.

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\* *Man manda* is prepared by cooking together the powdered meal of root-stalk of *Alocasia Indica* (great-leaved Caledium) 8 tolas, powdered rice 18 tolas, milk and water 48 tolas each, boiled till the water is evaporated. No other diet except milk is allowed—Ed

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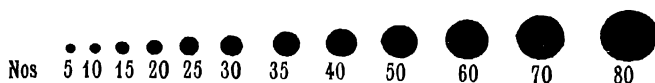
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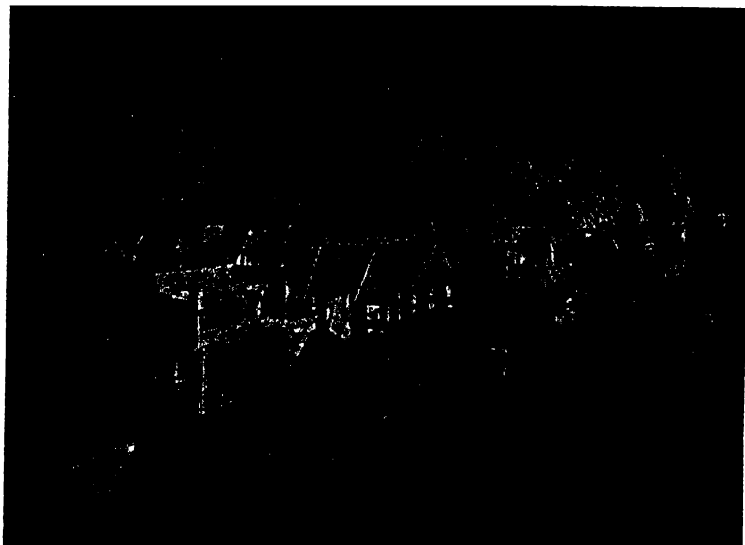
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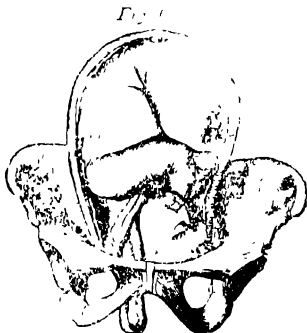
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